

PUBLIC RECORD

Dates: 19/06/2023 - 05/07/2023

Medical Practitioner's name: Dr Jayne DONEGAN

GMC reference number: 2826367

Primary medical qualification: MB BS 1983 University of London

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

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Julian Weinberg
Lay Tribunal Member:	Mrs Debbie Hill
Medical Tribunal Member:	Dr Leigh-Anne Hill
Tribunal Clerk:	Mr Michael Murphy

Attendance and Representation:

Medical Practitioner:	Not present and not represented
Medical Practitioner's Representative:	N/A
GMC Representative:	Mr Ciaran Rankin, Counsel

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 - 29/06/2023

Background

1. Dr Donegan qualified in the UK in 1983. At the time of the events in the Allegation, Dr Donegan was qualified as a General Practitioner ('GP') and stated that she was also a homeopathic practitioner and lifestyle adviser.
2. The Allegation that has led to this hearing is, in summary, that having identified herself as a doctor, Dr Donegan made statements relating to immunisations on six separate occasions between April 2019 and February 2020. The GMC alleged that some of these statements failed to give balanced information on the risks and benefits of immunisation and failed to comply with NICE Clinical Knowledge Summaries on immunisation. The GMC further alleged that Dr Donegan provided advice about vaccines which put new born infants at risk of significant harm and encouraged parents to deliberately misinform healthcare professionals about their children's immunisation status and/or diet. The GMC also alleged that Dr Donegan made statements about her opinions on vaccines being tested by a Tribunal, when she knew they were untrue, and that this amounted to dishonesty.
3. The initial concerns were raised with the GMC on 21 November 2019 by a referral from NHS England. This referral raised concerns that Dr Donegan had been quoted in an article in The Times, on 16 November 2019, as advising parents to be evasive about the immunisations their children have had to healthcare professionals. Following this, additional concerns were raised in an article in The Telegraph where Dr Donegan was quoted as saying to an undercover reporter that '*children should get measles*', that girls would get rubella '*in an ideal world*' and that '*you definitely want them to get mumps*'. Dr Donegan was also reported as telling the undercover reporter that if she decided '*to do anything nonstandard with your children about their vaccination*' that it was '*best not to discuss it really with your friends because they'll start thinking that your child is going to infect all of their children*'.

The Outcome of Applications Made during the Facts Stage

4. The Tribunal granted the GMC’s application, made pursuant to Rule 31 of the General Medical Council (Fitness to Practise Rules) 2004 as amended (‘the Rules’), to proceed in Dr Donegan’s absence. The Tribunal’s full decision on the application is included at Annex A.
5. The Tribunal determined not to hear any further recordings during open session. Its full decision on the application is included at Annex B.
6. The Tribunal determined to admit additional evidence in accordance with Rule 34. Its full decision on the application is included at Annex C.
7. The Tribunal also considered an application made by the GMC to amend four particulars of the Allegation in accordance with Rule 17(6). The Tribunal granted three of those amendments and refused one. Its full reasoning is included at Annex D.

The Allegation and the Doctor’s Response

8. The Allegation made against Dr Donegan is as follows:

That being registered under the Medical Act 1983 (as amended):

1. On each of the occasions referred to in paragraphs 2, you identified yourself as a doctor. **To be determined**
2. Between April 2019 and February 2020, you made statements relating to immunisation on the following occasions:
 - a. when responding to NHS England on 19 November 2019 (‘Occasion 1’); **To be determined**
 - b. during the Consultation with Ms A, which lead to the article in The Daily Telegraph on 2 November 2019 (‘Occasion 2’); **To be determined**
 - c. during the lecture ‘Vaccination- The Question- Did vaccines stop people dying from diseases? Do they stop you getting the disease’ which you gave on 14 April 2019 (‘Occasion 3’); **To be determined**
 - d. during the lecture ‘Measles, Mumps, Rubella – Which is better: The Disease of The Vaccine?’ which you gave on 13 June 2019 (‘Occasion 4’); **To be determined**

- e. during the lecture ‘Vaccination – The Science the following issues to address were identified’ which you gave on 19 February 2020 (‘Occasion 5’); **To be determined**
 - f. within the content of your website ‘www.jayne-donegan.co.uk’ (‘Occasion 6’). **To be determined**
3. On Occasion 2, Occasion 3, Occasion 4 and Occasion 5 you made statements as outlined at Schedule 1 which:
 - a. failed to give balanced information on the risks and benefits of immunisation; **To be determined**
 - b. failed to comply with NICE Clinical Knowledge Summaries on immunisation. **To be determined**
 4. On Occasion 2 you provided advice about vaccines during the consultation as outlined at Schedule 2 which put new born infants at risk of significant harm. **To be determined**
 5. On Occasion 1, Occasion 2, Occasion 3 and Occasion 6 you made statements regarding your opinions on vaccines being tested by a tribunal and the determination of that tribunal as outlined at Schedule 3. **To be determined**
 6. You knew that the statements made at paragraph 5 were untrue as no tribunal had made such determinations. **To be determined**
 7. Your actions described at paragraph 5 were dishonest by reason of paragraph 6. **To be determined**
 8. On Occasion 2 and Occasion 4 you made statements which encouraged parents to deliberately misinform healthcare professionals about their children’s immunisation status and/or diet as outlined in Schedule 4. **To be determined**

Witness Evidence

9. The Tribunal 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, journalist for the Telegraph;
 - Mr B, journalist for the Times.

Expert Witness Evidence

10. The Tribunal also received evidence from a GMC expert, Dr C. Dr C gave oral evidence and produced his reports, dated 2 March 2021, 9 April 2022, 30 May 2022 and 25 May

2023 to assist the Tribunal in understanding if Dr Donegan’s alleged behaviour fell below the standard expected of her.

Documentary Evidence

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

- Dr Donegan’s email to NHS England, dated 19 November 2019;
- Video footage and transcript of a consultation Ms A attended with Dr Donegan as part of her investigation;
- Audio recording and transcript of a seminar hosted by Dr Donegan in Frome on 14 April 2019;
- Audio recording and transcript of a seminar hosted by Dr Donegan in Brighton;
- Audio recording and transcript of ‘Vaccination - The Science’ lecture, given by Dr Donegan on 19 February 2020;
- Screenshot taken from the website www.jayne-donegan.co.uk;
- Letter from Dr Donegan to the GMC, dated 2 May 2023;
- 2007 FTP hearing determination.

The Tribunal’s Approach

12. 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 Donegan 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.

13. The Tribunal has taken into account the advice of the Legally Qualified Chair (LQC) which is a matter of record. Having done so, the Tribunal was mindful that no adverse inference of guilt can be drawn from the fact of Dr Donegan’s absence.

14. The Tribunal had regard to the Supreme Court judgment in the case of *Ivey v Genting Casinos (UK) Limited [2017] UKSC 67*, in which Lord Hughes set out the test for dishonesty as follows:

‘When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual’s knowledge or belief as to the facts. The

reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.'

The Tribunal's Analysis of the Evidence and Findings

15. 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 1 of the Allegation

16. The Tribunal considered if on each of the occasions referred to in paragraph 2 of the Allegation Dr Donegan identified herself as a doctor. In relation to Occasion 1, the Tribunal had regard to the email correspondence between NHS England and Dr Donegan on 19 November 2019. In this Dr Donegan stated:

'At the meeting with Dr D and Ms E at NHSE Waterloo London on 14th November, Mr F, it was made most clear that as an NHS GP or in any way in any work for the NHS I do not advise parents on childhood vaccinations nor do I administer childhood vaccinations... It is a matter of public record that I am the only qualified medical practitioner in the UK whose medical advice on vaccination has been proven...'

17. In relation to Occasion 2, the Tribunal had regard to Dr Donegan's consultation with Ms A in which she stated:

'I'm the only doctor in the country whose opinion on vaccinations has been tested in a three week statutory tribunal and found to be objective and unbiased beyond any doubt, but they wanted to strike me off...'

18. In relation to Occasion 3, the Tribunal had regard to the audio recording and transcript of Dr Donegan's lecture in Frome on 14 April 2019. In this lecture she stated:

'I am a GP and I have been researching vaccination since 1994...'

19. In relation to Occasion 4, the Tribunal had regard to the audio recording and transcript of Dr Donegan’s lecture in Brighton on 13 June 2019. In this she stated:

‘I am a NHS GP as well... When you look at what the science is behind not just vaccination but a lot of the things that we do as doctors... I spent a lot of my life where people say these things and I think they are all bonkers, you know, like the man at the back of the room when I was studying to be a doctor... I do locums. I just go along to a place and I do something because there is some GP not there. I see people privately.’

20. In relation to Occasion 5, the Tribunal had regard to the audio recording and transcript of the lecture entitled ‘Vaccination - The Science’ given by Dr Donegan on 19 February 2020. In this she stated:

‘Well, it would seem not because, for example, one of the criticisms of my expert evidence that I gave as a vaccine expert in the court when the General Medical Council decided to accuse me of serious professional misconduct because the judge said it was junk science, the GMC expert said, “The conclusions that Dr Donegan had drawn from her reference material frequently do not accord with the actual conclusion reached by the author and the researcher.”... The reason I’m not just telling you what’s in these things is so that you can read it is because, in a way, if you don’t read it yourself you never quite realise-- You might think, oh that’s Dr Donegan saying whatever.’

21. In relation to Occasion 6, the Tribunal had regard to the screenshot taken from the website www.jayne-donegan.co.uk. This contained many examples of Dr Donegan identifying herself as a doctor. The opening quote for the page is purported to have been said by ‘Dr Jayne Donegan’. The website then lists how Dr Donegan acquired her medical qualifications and she is referred to throughout as ‘Dr Donegan’.

22. In the circumstances, the Tribunal concluded that Dr Donegan did identify herself as a doctor on Occasions 1 to 6. As such, the Tribunal determined paragraph 1 of the Allegation proved.

Paragraph 2(a) of the Allegation

23. The Tribunal then went on to consider whether Dr Donegan made statements relating to immunisation on Occasions 1 to 6. In relation to Occasion 1 it again had regard to the email correspondence between Dr Donegan and NHS England, on 19 November 2019, which was directly related to vaccination and immunisation. In this Dr Donegan stated:

'The information I use is proven to be sound and valid. It is what I believe every doctor should explain to assist parents to make their own decision, which should ultimately be for the parent to make in the interests of their own child. I endeavour to avoid telling parents what to do about vaccination...The General Medical Council, the British Medical Association and the Royal College of General Practitioners all require informed consent. The Montgomery Ruling of 2015 made this Law. No doctor can ethically deny that children can suffer 'serious, life-changing adverse reactions' to vaccines. Every doctor is duty bound to advise the patient, or if a child, the child's parent and obtain fully informed consent. I however have feedback from others who attend my lectures, including evidence under oath in legal proceedings specifically confirming that I do not tell parents what to do but provide balanced medically and scientifically based information to enable a parent to make their own decision...There are plenty of other doctors and parents who are worried, with good cause based on reliable science and data, about vaccines: their efficacy (how well they work) and their adverse reactions but most are too scared to say anything after they saw what happened to Dr G and also after what is being done to me now...At the meeting with Dr D and Ms E at NHSE Waterloo London on 14th November, Mr F, who accompanied me and was introduced as my lawyer for the 2007 GMC proceedings made certain points in addition to my long held philosophical beliefs.'

24. In the circumstances, the Tribunal was satisfied that she made statements relating to immunisation on Occasion 1. Accordingly, the Tribunal found paragraph 2(a) of the Allegation proved.

Paragraph 2(b) of the Allegation

25. With regard to Occasion 2, the Tribunal noted that in Dr Donegan's consultation with Ms A, Dr Donegan stated:

'you just have to say well do you really think it's a good idea having those vaccines, when [hmm] bearing in mind that since Thalidomide everybody's been said, that pregnant women are safe, they shouldn't haven't anything'

26. Furthermore, Ms A asked Dr Donegan the following question:

'If you were starting again, like if you were my sister's positions would you just not?.....But I mean when her baby arrives as well?'

27. Dr Donegan's response to this was:

'No I wouldn't, [yes] yeah but you have to have both parents on board'

28. In the circumstances, the Tribunal was satisfied that Dr Donegan made statements relating to immunisation on Occasion 2. Accordingly, the Tribunal found paragraph 2(b) of the Allegation proved.

Paragraph 2(c) of the Allegation

29. In its deliberations for Occasion 3, the Tribunal had regard to the subject matter of the lecture being titled *'Vaccination- The Question- Did vaccines stop people dying from diseases? Do they stop you getting the disease'*. It was apparent from the audio recording and transcript that Dr Donegan was specifically discussing immunisation throughout the lecture. The Tribunal has also had regard to, by way of example, but not limited to, Schedule 1 Occasion 2 in which Dr Donegan stated:

'so whatever you think about vaccination – all these people stopped, something was stopping people dying before the vaccination [whooping cough] was introduced'

'so the vaccine didn't stop people dying from these diseases. They do stop you getting it at normal time when you'd normally get it'

30. In the circumstances, the Tribunal was satisfied that Dr Donegan made statements relating to immunisation on Occasion 3. Accordingly, the Tribunal found paragraph 2(c) of the Allegation proved.

Paragraph 2(d) of the Allegation

31. In relation to Occasion 4, the Tribunal had regard to the subject matter of the lecture being titled *'Measles, Mumps, Rubella – Which is better: The Disease of The Vaccine?'*. It was apparent from the audio recording and transcript that Dr Donegan was specifically discussing immunisation throughout the lecture. The Tribunal has also had regard to, by way of example, but not limited to, Schedule 1 Occasion 4 in which Dr Donegan stated:

'Neomycin is [in] the MMR vaccine. If you look in the BNF, the British National Formulary, what it says in the BNF is, "Too toxic for parenteral administration". Don't

inject it says. We give it to people who are going to have bowel surgery so that it cleans all the microbes out of their bowels. It is not one that you are supposed to inject. That is what is says in the BNF, so that would make you wonder about that. People will say, “Oh, but there is only trace amounts”, but you are injecting it. It might be a trace amount if you are swallowing it, but it is not a trace amount if you are injecting it. That is what the BNF says, don’t give it...’

32. In all the circumstances, the Tribunal was satisfied that Dr Donegan made statements relating to immunisation on Occasion 4. Accordingly, the Tribunal found paragraph 2(d) of the Allegation proved.

Paragraph 2(e) of the Allegation

33. In relation to Occasion 5, the Tribunal had regard to the subject matter of the lecture being titled ‘*Vaccination – The Science the following issues to address were identified*’. It was apparent from the audio recording and transcript that Dr Donegan was specifically discussing immunisation throughout the lecture. The Tribunal has also had regard to, by way of example, but not limited to, Schedule 1 Occasion 5 in which Dr Donegan stated:

‘You know in France about 15 years ago they suspended the school child programme because of worries about the link with the multiple sclerosis and in fact this was proved in the court and then it was chucked out in subsequent appeals because the vaccine manufacturers have a lot more money to pay for barristers than some little doctor who is currently pleading the thing. So they say over one million doses of hepatitis B vaccine have been used since 1981 with an outstanding record of safety and efficacy. So that means that they are safe’

‘I can’t tell you why we have vaccines. I can’t tell you the answer to that.’

34. In all the circumstances, the Tribunal was satisfied that Dr Donegan made statements relating to immunisation on Occasion 5. Accordingly, the Tribunal found paragraph 2(e) of the Allegation proved.

Paragraph 2(f) of the Allegation

35. In relation to Occasion 6, the Tribunal had regard to the screenshot taken from the website www.jayne-donegan.co.uk. This stated:

“My interest in vaccination stems from my concern for child – and adult – health safety issues. Every parent needs to have the balanced, evidence-based information they need to give fully informed consent for any medical intervention that is recommended to them, including vaccination.” Dr Jayne Donegan’

36. In all the circumstances, the Tribunal was satisfied that Dr Donegan made statements relating to immunisation on Occasion 6. Accordingly, the Tribunal found paragraph 2(f) of the Allegation proved.

Paragraphs 3(a) and 3(b) of the Allegation

37. The Tribunal then considered if Dr Donegan failed to give balanced information on the risks and benefits of immunisation and failed to comply with NICE Clinical Knowledge Summaries on immunisation on Occasions 2 to 5 in Schedule 1. The Tribunal noted that the GMC relied on the expert evidence of Dr C. The Tribunal has also taken into account Dr Donegan’s written submissions in which she stated that Dr C’s evidence should not be relied on because he is a biased witness, that he is in breach of his obligation as an expert witness, he is unaware of the proper standard that every doctor must meet and that he lacks relevant knowledge and expertise.

38. The Tribunal rejected those submissions by Dr Donegan for the following reasons:

- having considered his reports, it concluded that, far from being biased, he was even handed. By way of (non-exhaustive) examples, Dr C accepted Dr Donegan’s representations regarding;
 - the use of neomycin in the MMR vaccine;
 - Dr Donegan’s views regarding the link between the vaccine and autism in studies relating to Cuba. In both those circumstances, Dr C concluded that Dr Donegan’s views did not fall below the standard expected of her;
 - The withdrawal of the school hepatitis B vaccination programme in France approximately 15 years ago.
- Dr C made appropriate concessions when challenged by Dr Donegan regarding him mistakenly citing from articles;
- Dr C explained, and the Tribunal accepted, that he used the Clinical Knowledge Summaries of current evidence which were developed on behalf of NICE as this

resource should be used for primary healthcare professionals in advising on immunisation;

- The Tribunal had been informed of Dr C's credentials. In his report he stated that he has been giving advice about immunisation for 23 years and approximately 50 times per year to healthcare professionals and parents. He also vaccinates children with possible risks or previous reactions to immunisations. Recognising there is no requirement of Dr Donegan to attend this hearing, she has nevertheless chosen not to do so and has thereby made a decision not to avail herself of the opportunity to cross-examine Dr C regarding his suitability to act as an expert. In all the circumstances, the Tribunal was satisfied that Dr C was suitably qualified to act as an expert witness.

39. The Tribunal has also had regard to the fact that, in relation to paragraph 4 of the Allegation, in response to questions put to Dr C by the Tribunal, Dr C conceded that whilst newborn infants might be put at risk of harm, he did not on reflection consider that there was a risk of significant harm.
40. The Tribunal noted the conclusions in Dr C's report, dated 30 May 2022, in which he stated that Dr Donegan demonstrated a *'Failure to give balanced information on the risks and benefits of immunisation'* and also that:

'Parents should expect a doctor to be able to discuss the benefits and risks of immunisation to allow them to make a decision about their child's health. Dr Donegan should follow the Clinical Knowledge Summaries (CSK) of current evidence for primary care professionals, developed on behalf of NICE [CSK Immunizations]. This says healthcare professionals working within the NHS in the UK, and providing first contact or primary healthcare should;

- *Explain the benefits of vaccination, in particular, that it helps prevent serious illness in children, especially potentially severe disease such as meningitis, whooping cough, and tetanus.*
- *Reassure that vaccinations are safe, and serious adverse effects are very rare.*

Dr Donegan does neither of these.'

41. The Tribunal had regard to the letter from Dr Donegan to GMC, dated 2 May 2023, in which she stated:

'The NICE Clinical Knowledge Summaries on immunisation consent comply neither with the GMC guidance or the law'

42. The Tribunal noted that Dr Donegan stated that she tried to give balanced information on the risks and benefits of immunisation, in the sense that she believed the positive information on immunisation was already publicly available. It was Dr Donegan's position that she sought to provide a balanced view by highlighting the risks associated with immunisation and vaccine efficacy. However, in doing so, Dr Donegan strongly focused on the risks of immunisation without meaningfully weighing this against the positive aspects of immunisation. She stated that vaccines are not needed, that they have adverse effects, are not effective, have side effects that are not monitored and stated that the government supports vaccination because it makes money from it.

43. Dr C went on to make the following conclusion:

'Dr Donegan does not give any examples of the benefits of vaccination. When asked by a parent during the lecture "VACCINATION – THE SCIENCE";
AUDIENCE: Sorry, why do we have vaccines? This is my first time at a talk like this. DR DONEGAN: I can't tell you why we have vaccines. I can't tell you the answer to that...

...To be unable to give any reason why we have vaccines is not a balanced position. The answer is misleading. It does not show Dr Donegan working "in partnership with patients, sharing with them the information they will need to make decisions about their care".

In my opinion this falls below the standard.

For a parent wanting information about the risks and benefits of immunisation the CKS guidelines suggest a General Practitioner should; Explain the benefits of vaccination, in particular, that it helps prevent serious illness in children...'

44. The Tribunal has also taken into account Dr Donegan's representations that the NICE Clinical Knowledge Summaries are inconsistent with the GMC's Guidance on Consent 2020. However, the Tribunal has also noted that in addressing that issue, Dr Donegan has highlighted a number of issues, but again only those relating to the risk of harm from vaccinations.
45. In the circumstances, the Tribunal was satisfied that Dr Donegan failed to give balanced information on the risks and benefits of immunisation and to comply with NICE Clinical Knowledge Summaries. Accordingly, the Tribunal found paragraphs 3(a) and 3(b) of the Allegation proved.

Paragraph 4 of the Allegation

46. The Tribunal considered if, on Occasion 2, Dr Donegan provided advice about vaccines during the consultation outlined at Schedule 2 which put newborn infants at risk of significant harm. In doing so it had regard to the report of Dr C, dated 9 April 2022, in which he stated the following with regard to Dr Donegan’s comments on vaccines for Ms A’s pregnant sister:

‘In my opinion this advice falls below the standard as it puts a newborn infant at risk of significant harm by suggesting maternal Whooping cough vaccine is not safe without any supporting evidence...’

47. In addition to this, Dr C concluded the following in relation to Dr Donegan’s comments on vaccines for Ms A’s pregnant sisters baby:

‘In my opinion this advice falls below the standard as it puts a newborn infant at risk of significant harm by depriving it of protection against meningitis and other serious infections.’

48. The Tribunal noted that, in his oral evidence, Dr C conceded that Dr Donegan’s comments on vaccines for Ms A’s pregnant sister would put a newborn infant at a risk of harm as opposed to significant harm. In the circumstances, the Tribunal concluded that Dr Donegan’s advice would not have put a newborn infant at a risk of significant harm.

49. Accordingly, the Tribunal found paragraph 4 of the Allegation not proved.

Paragraph 5 of the Allegation

50. The Tribunal next considered if Dr Donegan, on Occasions 1, 2, 3 and 6, made statements regarding her opinions on vaccines being tested by a tribunal and the determination of that tribunal as outlined at Schedule 3.

51. The Tribunal has read Schedule 3, listened to the recordings and read the transcripts of Occasions 1 to 3 and has also had regard to the website www.jayne-donegan.co.uk. In the circumstances, the Tribunal was satisfied that Dr Donegan had made statements

regarding her opinions on vaccines being tested by a tribunal (the 2007 Panel) and the determination of that panel.

52. Accordingly, the Tribunal found paragraph 5 of the Allegation proved.

Paragraph 6 of the Allegation

53. The Tribunal considered if Dr Donegan knew that the statements she made at paragraph 5 of the Allegation were untrue. In doing so it had regard to the 2007 Panel's determination and noted Dr Donegan's post about this on her website.

54. In reaching its decision, and bearing in mind that Dr Donegan's state of knowledge is relevant to the first limb of the *Ivey* test, the Tribunal has taken into account Dr Donegan's good character in line with the LQC's legal advice.

55. The Tribunal has taken into account the statements made by Dr Donegan as outlined at Schedule 3. It has considered those statements in light of the 2007 Panel's determination, in that it concluded that whilst certain statements were misleading:

'The Panel were sure that at no stage did you allow any views that you held to overrule your duty to the court and the litigants... You demonstrated to the Panel that your report did not derive from your deeply held views and your evidence supported this... Taking into account the Panel's reasoning in 6a, b and c, the Panel is sure that in the reports you provided you did not fail to be objective, independent and unbiased.'

56. The Tribunal also took into account Dr Donegan's representations in which she stated:

'These statements are correct. I believed them to be true when I said them and I continue to believe them to be true as they are. At the very least they are a reasonable lay summary of the GMC panel in 2007'

57. The Tribunal concluded that the words said on Occasions 1, 2, 3 and 6 as set out in Schedule 3 were intended to give the impression that the 2007 Panel concluded that Dr Donegan's view on immunisation was correct.

58. However, the Tribunal was mindful that the 2007 Panel was not adjudicating on whether that was the case, but rather on whether her report provided as an expert for the purpose of litigation in the family division of the High Court, was false or misleading,

selectively quoted from research, influenced by her deeply held views on immunisation and failed to be objective. Whilst the 2007 Panel concluded that those allegations were not proved, that panel did not conclude that her views were correct. The Tribunal noted that Dr Donegan's opinions as expressed in her report to the High Court were rejected by it.

59. However, read in isolation, the Tribunal has concluded that it was more likely than not that the 2007 Panel's conclusion that *'the Panel is sure that in the reports you provided you did not fail to be objective, independent and unbiased'* led Dr Donegan to genuinely, but mistakenly believe, that her views on immunisation had been validated and vindicated.
60. The Tribunal was therefore satisfied that Dr Donegan did not know that her statements were untrue.
61. Accordingly, the Tribunal therefore found paragraph 6 of the Allegation not proved.

Paragraph 7 of the Allegation

62. As set out above, the Tribunal concluded that Dr Donegan genuinely, but erroneously, believed that the 2007 Panel had vindicated her views on immunisation.
63. The Tribunal therefore concluded that ordinary decent people would not consider that Dr Donegan's genuinely, albeit mistakenly held, belief was dishonest.
64. The Tribunal therefore found paragraph 7 of the Allegation not proved.

Paragraph 8 of the Allegation

65. The Tribunal considered if, on Occasions 2 and 4, Dr Donegan made statements which encouraged parents to deliberately misinform healthcare professionals about their children's immunisation status and/or diet as outlined in Schedule 4.
66. The Tribunal had regard to the comments made as set out in Schedule 4 on Occasions 2 and 4.
67. Dr Donegan stated in her representations that:

'If parents mislead healthcare professionals, the responsibility for that lies with healthcare professionals.

Every doctor has a duty to ensure a child can get proper medical care as and when it is needed without parents being bullied by doctors about a child's vaccination status and frightened away and put off seeking attention for their child.

Which is to be preferred:

- a child is seen by a doctor [GP or A&E] and gets appropriate treatment?*
- a parent is frightened to visit a doctor because of what happens if they confirm their child is not vaccinated?*

If these are the choices (and they are) it is vastly preferable for the first option to apply and not the second.

Most parents will do anything necessary to protect their children from what they perceive as harm. Parents have a legal obligation under the Children Act 1989 as a parent to protect their children, and that includes from doctors. The law requires that the welfare of the child is paramount. "Parental responsibility" is

"all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property".

If a parent considers it necessary to mislead doctors to ensure a child can get access to proper medical care, including in an emergency, that is for the parent to decide and it may be the parent's legal and moral obligation to do so. And this is aside from the State, via the NHS and its doctors, breaching the human rights of parents and children on a daily basis.

Regarding the GMC's accusation that parents who do not give their children a pint of milk a day until they are two years of age, and do not tell this to the health visitor might suffer from malnutrition shows:

- a) a complete lack of understanding of the element of humour in my lectures and when consulting and*
- b) that parents who pay to come to my lectures and consultations are parents who certainly know how to care for and feed their children properly and the idea that they*

might suffer from malnutrition is improbable to a high degree.

The MPTS panel need to listen to the recordings of my lectures to realise I use humour and should hear the audience when they are laughing. To attempt to turn humour into serious professional misconduct when it is nothing of the sort is preposterous. It is the GMC and their expert, Dr C, clutching at straws.

Does anyone seriously think people who spend time looking into what is best for their children and paying for and attending lectures by a doctor, are so stupid that they cannot recognise humour when they hear it?'

68. The Tribunal considered that, in relation to Occasion 2, by advising Ms A that a health visitor should always be told that a child was having a pint of milk a day until they were two years old because it stops them worrying, encouraged parents to deliberately misinform healthcare professionals about their childrens' diet. Such a comment would only be of relevance in circumstances where a child was not having a pint of milk a day until aged two.
69. In relation to Occasion 4, the Tribunal concluded that the words used encouraged parents to deliberately misinform healthcare professionals about their childrens' immunisation status. The Tribunal did not accept that by using the words '*what people do which I would not recommend because I would get struck off...*' and the words '*If I were you, I would just forge something but I cant do that because I am a doctor and I would get struck off and I really would get struck off...*' was demonstrative of a genuine attempt to disassociate herself from the idea that parents should mislead healthcare professionals. The Tribunal considered that it was a proper inference to draw, particularly given the use of the words '*so just keep saying yes but don't say I said that*' that the words used by Dr Donegan were intended to reflect that this was the advice she was giving, but that those words should not be attributed to her given that she was a doctor.
70. The Tribunal has listened to the audio recording and also read the transcript of this lecture. It does not accept Dr Donegan's submission that these statements were intended to be solely humorous and that the audience would be '*stupid*' if they can not recognise that. Whilst Dr Donegan submitted '*Does anyone seriously think those parents are going to take a joke as serious medical advice and slavishly follow it?*', the Tribunal considered that parents who attended Dr Donegan's lecture would have been

encouraged to adopt, and may well have adopted this advice, given the purpose and subject matter of the lecture and Dr Donegan’s views on immunisation.

71. Accordingly, the Tribunal found paragraph 8 of the Allegation proved.

The Tribunal’s Overall Determination on the Facts

72. The Tribunal has determined the facts as follows:

That being registered under the Medical Act 1983 (as amended):

1. On each of the occasions referred to in paragraphs 2, you identified yourself as a doctor. **Determined and found proved**
2. Between April 2019 and February 2020, you made statements relating to immunisation on the following occasions:
 - a. when responding to NHS England on 19 November 2019 (‘Occasion 1’); **Determined and found proved**
 - b. during the Consultation with Ms A, which lead to the article in The Daily Telegraph on 2 November 2019 (‘Occasion 2’); **Determined and found proved**
 - c. during the lecture ‘Vaccination- The Question- Did vaccines stop people dying from diseases? Do they stop you getting the disease’ which you gave on 14 April 2019 (‘Occasion 3’); **Determined and found proved**
 - d. during the lecture ‘Measles, Mumps, Rubella – Which is better: The Disease of The Vaccine?’ which you gave on 13 June 2019 (‘Occasion 4’); **Determined and found proved**
 - e. during the lecture ‘Vaccination – The Science the following issues to address were identified’ which you gave on 19 February 2020 (‘Occasion 5’); **Determined and found proved**
 - f. within the content of your website ‘www.jayne-donegan.co.uk’ (‘Occasion 6’). **Determined and found proved**
3. On Occasion 2, Occasion 3, Occasion 4 and Occasion 5 you made statements as outlined at Schedule 1 which:
 - a. failed to give balanced information on the risks and benefits of immunisation; **Determined and found proved**

- b. failed to comply with NICE Clinical Knowledge Summaries on immunisation. **Determined and found proved**
4. On Occasion 2 you provided advice about vaccines during the consultation as outlined at Schedule 2 which put new born infants at risk of significant harm. **Not proved**
5. On Occasion 1, Occasion 2, Occasion 3 and Occasion 6 you made statements regarding your opinions on vaccines being tested by a tribunal and the determination of that tribunal as outlined at Schedule 3. **Determined and found proved**
6. You knew that the statements made at paragraph 5 were untrue as no tribunal had made such determinations. **Not proved**
7. Your actions described at paragraph 5 were dishonest by reason of paragraph 6. **Not proved**
8. On Occasion 2 and Occasion 4 you made statements which encouraged parents to deliberately misinform healthcare professionals about their children’s immunisation status and/or diet as outlined in Schedule 4. **Determined and found proved**

Determination on Impairment - 03/07/2023

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 Donegan’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, Mr Rankin submitted that Dr Donegan’s fitness to practise is currently impaired by reason of misconduct. He submitted that Dr Donegan’s behaviour amounted to serious misconduct as she:
 - identified herself as a doctor on each relevant occasion;
 - made statements, on four occasions, which failed to give balanced information on the risks and benefits of immunisation and failed to comply with NICE Clinical Knowledge Summaries on immunisation;

- made statements which encouraged parents to deliberately misinform healthcare professionals about their children’s immunisation status and/or diet on two occasions.
4. With regard to impairment, Mr Rankin submitted that Dr Donegan’s actions brought the medical profession into disrepute and that she is liable to do this again in the future due to her failures and that aspects of her conduct fell seriously below the standards expected. Mr Rankin stated that Dr Donegan has shown no insight into her behaviour.
 5. Mr Rankin submitted that Dr Donegan’s conduct breached several fundamental principles as set out in Good Medical Practice (2013) (GMP) and that a finding of impairment would be necessary in order to maintain public confidence in the medical profession along with proper standards of conduct.

The Relevant Legal Principles

6. 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.
7. In approaching the decision, the Tribunal was mindful of the two stage process to be adopted: first whether the facts found proved were sufficiently serious to amount to misconduct, and then whether the finding of that misconduct could lead to a finding of current impairment.
8. The Tribunal must determine whether Dr Donegan’s fitness to practise is impaired as at today, taking into account her 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.
9. The Tribunal had regard to the legal advice given to it by the LQC which made reference to a number of legal authorities including the questions posed by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of *CHRE v NMC and Grant [2011] EWHC 927 (Admin)*, as follows:

‘Do our findings of fact in respect of the doctor’s misconduct... show that his/her fitness to practise is impaired in the sense that s/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*
- d. *...'*

The Tribunal's Determination on Impairment

Misconduct

10. The Tribunal first considered whether Dr Donegan's conduct as found proved at paragraphs 3(a) and 3(b) of the Allegation (which are based on the findings in relation to paragraphs 1 and 2 of the Allegation which are in themselves statements of fact) amounted to misconduct, in that Dr Donegan failed to give balanced information on immunisation and failed to comply with NICE guidelines. In doing so, it had regard to the report of Dr C, dated 30 May 2022, in which he explained that Dr Donegan's actions were below the standard to be expected but not seriously below as:

'A General Practitioner should be able to explain the benefits of vaccination and explain that serious adverse effects are very rare [CSK Immunizations].

Dr Donegan fails to do this in her lectures and the consultation recorded. This falls below the standard.

However, this failing is not seriously below the expected standard because these issues did not occur when Dr Donegan was working as a healthcare professional within the NHS in the UK and providing primary healthcare. If these issues occurred when Dr Donegan was working as a General Practitioner for the NHS then in my opinion they would be seriously below the standard, as set out in the CKS guidance, developed on behalf of NICE [CSK Immunizations].'

11. The Tribunal found that the matters found proved at paragraphs 3(a) and 3(b) of the Allegation amounted to breaches of the following paragraphs of GMP:

'12. You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.

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

12. The Tribunal has borne in mind that not every breach of GMP need amount to a finding of misconduct.
13. In considering the seriousness of the matters found proved at paragraphs 3(a) and 3(b) of the Allegation, the Tribunal agreed with Dr C's assessment and Dr Donegan's submissions that her actions were found to be below, but not seriously below, the standard expected.
14. As such, the Tribunal concluded that the facts of paragraphs 3(a) and 3(b) of the Allegation were not so serious that, taken in isolation, they amounted to misconduct.
15. The Tribunal then considered if paragraph 5 of the Allegation amounted to misconduct in that Dr Donegan made statements regarding her opinions on vaccines being tested by a tribunal. The Tribunal was mindful that having found paragraphs 6 and 7 of the Allegation not proved, paragraph 5 on its own, amounted to a bare statement of fact, absent of any culpability. In the circumstances, the Tribunal concluded that the facts of paragraph 5 did not amount to misconduct.
16. The Tribunal then considered whether the facts of paragraph 8 of the Allegation amounted to misconduct. In its considerations, the Tribunal again had regard to the report of Dr C, dated 30 May 2022, in which he stated that:

'Dr Donegan encourages the audiences at her lectures to inform healthcare professionals their child has been immunised when the child is actually NOT immunised. This goes against the GMC recommendation to "contribute to the safe transfer of patients between healthcare providers" as it encourages parents NOT to share all relevant information with healthcare providers. This raises concerns about fitness to practice...'

...destroy the doctor patient relationship by suggesting that deliberately misinforming healthcare professionals is acceptable...

...This raises fitness to practice concerns. Suggesting that parents could falsify the immunisation record in their child's personal health record ("Red Book") by copying

the entries from a friend could put children at risk of significant harm. Healthcare professionals rely on the immunisation information recorded in the Red Book...

...If this is falsely completed to make it look like an unimmunised child has been vaccinated, this could lead to harm for the child. Dr Donegan recognises it is inappropriate to suggest this (“I would not recommend because I will get struck off”) but mentions how to do it none the less...

...Encouraging parents to give health care professions incorrect information about their child’s diet could put the child at risk of significant harm...

...Encouraging parents to misinform healthcare professional about their child’s immunisation status both verbally and by falsifying records could put children at risk of significant harm. Dr Donegan acknowledges that she should not do this herself but admits to doing it and encourages other to do it also. For these reasons, these failings are therefore seriously below the expected standard.’

17. The Tribunal has had regard to Dr Donegan’s representations which included stating that children are harmed by doctors not knowing their vaccination status as being pure conjecture and not evidence based. She stated that:

‘A doctor who thinks a child is vaccinated against a particular disease when they are not, while ignoring the clinical condition, can harm a child, not because of not knowing their vaccination status correctly but because of ignoring their clinical condition.’

18. In response to Dr Donegan’s submissions, Dr C stated, and the Tribunal agreed

‘...that not knowing a child immunisation history is not important as immunisation history may not be available or because infections can occur despite immunisation. However not knowing a child’s immunisation status is different from being deliberately told a child is immunised when they are not.

Dr Donegan justifies not informing healthcare professionals that a child is unimmunised by the reported responses that parents get when they decline vaccines for their child. These are concerning if true, but in my opinion do not justify deliberately mis-informing healthcare professional about their child’s immunisation status.’

19. The Tribunal concluded that Dr Donegan’s actions as found proved at paragraph 8 of the Allegation amounted to a breach of paragraph 65 of GMP.
20. The Tribunal agreed with Dr C’s view that Dr Donegan’s actions fell seriously below the standard to be expected as her statements had the potential to impact on the future care of patients provided by healthcare professionals. Dr Donegan’s actions, the Tribunal concluded adversely effected public confidence in the medical profession.
21. In reaching its decision, the Tribunal considered Dr Donegan’s representations that her right to freedom of speech justified the contents of her lecture and consultation with Ms A. The Tribunal, having adopted the principle derived from the case of *Adil v GMC [2023] EWHC 797 Admin* in line with the LQC’s advice rejected that submission. It concluded that having identified herself as a doctor on Occasions 2 and 4, she had used her position and credentials as a doctor to promote an opinion on a matter of medical importance. As such, the Tribunal concluded that Dr Donegan’s statements as found proved at paragraph 8 engaged her professional responsibilities as set out in paragraph 65 of GMP.
22. Accordingly, The Tribunal has concluded that Dr Donegan’s conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct for paragraph 8.
23. Given its findings regarding the lack of seriousness of the facts found proved at paragraphs 3(a) and 3(b) of the Allegation, the Tribunal went on to consider whether it was appropriate to aggregate that non serious finding with its finding in relation to paragraph 8 to enable it to conclude that it also amounted to misconduct.
24. In accordance with the advice of the LQC , the Tribunal has considered the matter in the light of the case of *Ahmedsowida v GMC [2021] EWHC 3466 (Admin)* where this issue was considered at paragraph 111 and the following was stated:

‘The cumulation exercise, if permissible at all, is supposed to involve the cumulation of non-serious with other non-serious misconduct findings; not of one non-serious misconduct finding with two findings of misconduct that is serious in its own right. In the latter context, there is no good reason to cumulate; the quality of the conduct is already correctly expressed, without the need for any cumulation.’

25. In the circumstances, the Tribunal concluded that it was not appropriate to cumulate its findings in relation to paragraphs 3(a) and 3(b) of the Allegation with its findings in relation to paragraph 8. Whilst the Tribunal concluded that Dr C was justifiably critical of Dr Donegan’s conduct as found proved at paragraphs 3(a) and 3(b) of the Allegation, the Tribunal has concluded that Dr Donegan’s conduct amounted to conduct falling sufficiently seriously far short of the standard expected so as to amount to misconduct in relation to paragraph 8 alone.

Impairment

26. The Tribunal having found that the facts found proved at paragraph 8 amounted to misconduct, went on to consider whether, as a result of that misconduct, Dr Donegan’s fitness to practise is currently impaired.
27. In reaching its determination, the Tribunal has had regard to the need to meet the overarching objective as set out in the Medical Act.
28. The Tribunal has considered the extent of Dr Donegan’s insight into her misconduct and whether or not her misconduct is capable of remediation, whether it had been remediated and whether it was highly unlikely to be repeated.
29. The Tribunal concluded that, noting her comments made on Occasions 2 and 4, Dr Donegan was aware that encouraging parents to deliberately misinform healthcare workers about their children’s immunisation status and/or diet was a serious matter that could result in her being struck off.
30. However, despite her apparent acceptance that it was inappropriate to mislead healthcare professionals, given the contents of her lengthy statement, contained in her letter of 2 May 2023, Dr Donegan nevertheless robustly justifies her position. In doing so, she blames inexperienced junior doctors for *‘slavishly following’* guidelines and parents for *‘slavishly following’* her comments. In reaching that conclusion, the Tribunal relied upon the following comments made in her letter as set out at paragraph 67 of its determination on facts.
31. In addition, Dr Donegan stated:

‘Is a doctor to be sanctioned for making people laugh?’

Does anyone seriously think those parents are going to take a joke as serious medical advice and slavishly follow it?...

Harm comes to patients irrespective of vaccination status and irrespective of a doctor knowing the correct vaccination status for the same reason: doctors ignoring the clinical condition of the child in front of them.

Doctors who don't listen, who don't look and who do not think. As well as being gratuitously rude and bullying to the child's parents, or, since Covid vaccination, the patient themselves...

Unfortunately A&E departments are overwhelmingly staffed by junior doctors, with far less experience and understanding than the senior doctors who provide care in general practice. Each upcoming set of newly qualified doctors has a higher regard for what is called 'science' and less regard for the autonomy of patients because that is how they are taught to think...

Not only are GPs senior doctors with more experience than most hospital staff who are only juniors...'

32. In the circumstances, the Tribunal has concluded that Dr Donegan has demonstrated negligible insight into her misconduct. She blamed the profession, particularly less experienced junior hospital doctors, for what she considers to be its inappropriate approach to immunisation and she has failed to take personal responsibility for her misconduct.
33. The Tribunal noted that Dr Donegan, rather than reflecting on her own actions, considered these proceedings are nothing more than a '*politically motivated show trial*'. Mindful that Dr Donegan is entitled to contest the Allegation made against her, the Tribunal has nevertheless concluded that, taking into account the principles derived from the cases of *Sayer v General Osteopathic Council [2021] EWHC 370 (Admin)* and *Towuaghantse v GMC [2021] EWHC 681 (Admin)*, these were factors the Tribunal could properly take into account in assessing the extent of Dr Donegan's insight.
34. The Tribunal noted that the public need to be able to trust doctors. It concluded that Dr Donegan had not demonstrated that she had remediated her misconduct and that she would not be able to begin to do so until she developed meaningful insight into her failings. In the circumstances, the Tribunal concluded that there was a significant risk that Dr Donegan would repeat her misconduct. The Tribunal therefore concluded that limbs a, b and c of the approach set out in the case of *Grant* were engaged.

35. The Tribunal concluded that the residual ground in *Grant* also applied in that:

‘In determining whether a practitioner’s fitness to practise is impaired by reason of misconduct, the relevant Tribunal should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.’

36. The Tribunal has noted that Dr Donegan has stated that she wished to be voluntarily erased from the medical register and has considered whether in the circumstances that negated the need for a finding of current impairment. In line with the LQC’s legal advice in relation to the case of *GOC v Clarke [2018] EWCA Civ 1463* noting that the correct approach was to consider whether Dr Donegan was fit to practise without restriction rather than because there was little likelihood of her returning to practice. Mindful that in any event she may change her mind, the Tribunal noted and adopted the courts rationale that *‘a person could hardly claim to be a fit person to practise...because he had no intention of doing so’*.

37. In the circumstances, the Tribunal concluded that a finding of current impairment was required to meet all three limbs of the overarching objective.

38. The Tribunal has therefore determined that Dr Donegan’s fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 05/07/2023

1. Having determined that Dr Donegan’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 reach a decision on sanction.

Submissions

3. On behalf of the GMC, Mr Rankin submitted that in light of the Tribunal's findings at the facts and impairment stages, Good Medical Practice (2013) ('GMP') and the Sanctions Guidance (November 2020) ('the SG'), the appropriate and proportionate sanction in this case is that of erasure.
4. Mr Rankin submitted that the GMC endorses the Tribunal's findings at paragraph 32 of its impairment determination that Dr Donegan has demonstrated negligible insight into her misconduct. He submitted that Dr Donegan has blamed the profession, particularly less experienced junior doctors, for what she considers to be its inappropriate approach to immunisation and she has failed to take personal responsibility for her misconduct.
5. Mr Rankin submitted that the factors set out in the SG which indicate that a period of conditional registration might be appropriate are not applicable in this case, and that conditions would not address the concerns identified.
6. Mr Rankin submitted that the factors set out within the SG indicating that a period of suspension may be appropriate are also not applicable in the specific circumstances of this case. He submitted that the SG sets out that a period of suspension may be appropriate for conduct that is serious but falls short of being fundamentally incompatible with registration, but that this is not such a case.
7. Mr Rankin submitted that in all the circumstances of the case, and considering the SG, the Tribunal should determine to erase Dr Donegan's name from the medical register. He submitted that, as per the SG, erasure may be appropriate even when a doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession, as was identified in the Tribunal's determination on impairment.
8. Mr Rankin submitted that Dr Donegan used her position and credentials as a doctor to promote an opinion on a matter of medical importance. Dr Donegan was a registered GP at the time of making these statements and relied on that fact to give those comments credibility. Mr Rankin reminded the Tribunal of its findings at paragraph 20 of its impairment determination that *'Dr Donegan's actions fell seriously below the standard to be expected as her statements had the potential to impact on the future care of patients*

provided by healthcare professionals. Dr Donegan's actions, the Tribunal concluded adversely effected public confidence in the medical profession'.

9. Mr Rankin submitted that the SG indicates that erasure is appropriate in cases where: there is a particularly serious departure from the principals set out in GMP; where the behaviour is fundamentally incompatible with being a doctor; where there is a deliberate or reckless regard for the principals set out in GMP; there is a risk to patient safety, and; a persistent lack of insight into the seriousness of the doctor's actions and consequences. He submitted that Dr Donegan's behaviour was particularly serious and the encouragement to parents to misinform health professionals about their children's diet and immunisation records was not a one off, isolated incident. He submitted that this clearly contravened paragraph 44 of GMP, which states that *'You must contribute to the safe transfer of patients between healthcare providers and between health and social care providers'*.
10. Mr Rankin submitted that paragraph 65 of GMP sets out that *'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession'*. He submitted that Dr Donegan's advice did not ensure that patients receive good care and treatment and sought to deliberately destroy the doctor/patient relationship by suggesting that parents should misinform health professionals about their children's diet and/or immunisation record, which in the GMC's submission, is completely unacceptable.
11. Mr Rankin submitted that in the exchange between the audience member and Dr Donegan on Occasion 4, where she effectively encouraged parents to lie to health professionals, she recognised just how serious that would be in that she would get struck off for making such statements. He submitted that the Tribunal had already found that there is a significant risk that Dr Donegan would repeat her misconduct and also concluded that three of the four limbs set out in the case of *Grant* were engaged in this case.
12. Mr Rankin submitted that in respect of Dr Donegan's response to these proceedings, she has provided comments to the Tribunal where she continues to justify what she has done and blames other, particularly less experienced professionals for what she considers to be an inappropriate approach to immunisation on their part. He submitted that in doing so, she has simply failed to take personal responsibility for her misconduct.

13. Mr Rankin submitted that therefore, because of the seriousness of Dr Donegan's actions, her total disregard for GMP, the potential risk presented to patient safety and the complete lack of insight leading to an identified risk of repetition, the only proportionate and appropriate sanction was that of erasure.

The Tribunal's Determination on Sanction

14. The decision as to the appropriate sanction to impose, if any, is a matter for the Tribunal exercising its own judgment. In reaching its decision, the Tribunal has taken into account the Sanctions Guidance and the statutory overarching objective.
15. The Tribunal bore in mind that the reason for imposing sanctions is to uphold the overarching objective: sanctions are not imposed to punish doctors, although they may have a punitive effect. The Tribunal has taken a proportionate approach, balancing Dr Donegan's interests with the public interest. It bore in mind that the reputation of the profession as a whole is more important than the interests of any individual doctor, as explained in *Bolton v Law Society [1994] 1 WLR 512*.
16. The Tribunal has also borne in mind that in deciding what sanction, if any, to impose, it should consider all the sanctions available, starting with the least restrictive and then consider each sanction in ascending order.
17. The Tribunal has already set out its decisions on the facts and impairment and it took those determinations into account during its deliberations on sanction. It first considered the aggravating and mitigating factors in this case and then moved on to consider the appropriate sanction, starting with whether to take no further action.

Aggravating & Mitigating Factors

18. The Tribunal considered the following to be aggravating factors in this case: Dr Donegan's serious departures from GMP; her lack of insight and failure to remediate her misconduct; her failure to take personal responsibility for her actions and attempts to blame other doctors, especially junior hospital doctors; that her behaviour was repeated; that she used her position of authority to impart advice which had the potential to cause harm and undermine/damage doctor/patient relationships.

19. The Tribunal considered that honest and accurate communication of an individual's medical history forms an essential part of ongoing patient healthcare and that any attempt to undermine this risks the safety of patients. It noted that whilst no dishonesty was found against Dr Donegan, the Tribunal has found that she encouraged parents to be dishonest with healthcare professionals by, for example, forging medical documents/records, thereby undermined this essential quality of the doctor/patient relationship.
20. The Tribunal considered that Dr Donegan's lack of insight was characterised by her in her written statement of May 2023 in which she stated:

'The MPTS panel need to listen to the recordings of my lectures to realise I use humour and should hear the audience when they are laughing. To attempt to turn humour into serious professional misconduct when it is nothing of the sort is preposterous. It is the GMC and their expert, Dr C, clutching at straws.

Does anyone seriously think people who spend time looking into what is best for their children and paying for and attending lectures by a doctor, are so stupid that they cannot recognise humour when they hear it?

Is a doctor to be sanctioned for making people laugh?

Does anyone seriously think those parents are going to take a joke as serious medical advice and slavishly follow it?'

21. In addition to seeking to attribute blame and responsibility to other inexperienced junior hospital doctors and the wider healthcare profession, the Tribunal noted that Dr Donegan also sought to ridicule parents for failing to decipher when her comments were intended as 'a joke'.
22. The Tribunal did not accept that Dr Donegan genuinely believed that these proceedings have been brought against her by the GMC simply for making an audience laugh. It concluded that Dr Donegan's comments were indicative of her refusal to accept why these proceedings have been brought against her and her unshakeable view of her blamelessness regarding the allegations found proved. The Tribunal concluded that this was an attempt to undermine the GMC's case by denying the reality of her statements and intent, seeking to couch her comments as jokes. The Tribunal also considered that Dr Donegan's statements at Schedule 4 of the Allegation, as set out below, undermined

this stance and indicate that she was fully aware of the seriousness and inappropriateness of her actions at the time.

‘What people do which I would not recommend because I will get struck off is people have a red book and you can either stand up and wave your bra in the air and say ... “that is where you have put your energy. Other people have their little red book and they have a friend who has had all the vaccines – it will not work with your GP but it will work for schools and loads of other things – and they just copy everything from their friend or they say, “Well, you’ve had all those vaccines and I’ve lost my book, I don’t know what I’ve done with my book and I can’t remember what he is supposed to have had, can I just have a look at yours?” They don’t even fill them in properly; they don’t put the batch numbers and also, if you were doing it yourself, you would try and make it look all nice and official, but you have these scrappy old things and half the time...

...

...I thought what am I going to do because if I were you, I could just forge something but I can’t do that because I am a doctor and I would get struck off and I really would get struck off.’

23. The Tribunal considered the following to be mitigating factors in this case: that there were no previous adverse regulatory findings against Dr Donegan; and her engagement in these proceedings to the extent that she has provided a lengthy written statement, albeit that she has otherwise sought to boycott this hearing.
24. Whilst neither an aggravating nor a mitigating factor, the Tribunal also noted that Dr Donegan has not provided any statement demonstrating her remorse or acceptance of wrongdoing, has provided no references or testimonials, and has not taken the opportunity to present further documents which might assist the Tribunal by way of further mitigation.

No action

25. The Tribunal determined that to take no action would not be appropriate nor proportionate given the serious nature of its findings. It concluded that there were no exceptional circumstances in this case which could justify taking no action, and that to do

so would not reflect the clear aggravating features of the case or the Tribunal’s findings at the earlier stages, and would clearly fail to uphold the statutory overarching objective.

Conditions

26. The Tribunal determined that it would not be proportionate to impose conditions in the circumstances of this case, including the aggravating factors. In reaching this decision, the Tribunal bore in mind paragraphs 81 and 82 of the SG, which state:

‘81. Conditions might be most appropriate in cases:

a. involving the doctor’s health

b. involving issues around the doctor’s performance

c. where there is evidence of shortcomings in a specific area or areas of the doctor’s practice

d. where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.

82. Conditions are likely to be workable where:

a. the doctor has insight

b. a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings

c. the tribunal is satisfied the doctor will comply with them

d. the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.’

27. The Tribunal considered that the factors within the SG, indicating that conditions would be appropriate or workable, were not applicable in this case and concluded that conditions would not be proportionate in light of the seriousness of its findings at the facts and impairment stages. It noted its finding that Dr Donegan has demonstrated

negligible insight and no meaningful remediation and that conditions were not practicable or workable to address the nature of the misconduct found proved.

Suspension

28. The Tribunal then went on to consider whether to impose a period of suspension. In doing so, it bore in mind paragraphs 92, 93 and 97(a), (e), (f) and (g) of the SG, as set out below.

'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.'

29. The Tribunal has concluded that Dr Donegan's misconduct related to encouraging parents to lie and forge documents to misinform healthcare professionals. Integrity and trustworthiness lie at the heart of the profession and the doctor/patient relationship. As such, the Tribunal has concluded that Dr Donegan's behaviour was fundamentally incompatible with continued registration and that paragraphs 92 and 93 of the SG, that would otherwise justify a sanction of suspension, were not applicable in this case.
30. The Tribunal considered that Dr Donegan has not acknowledged fault or accepted personal responsibility for her actions, demonstrated the necessary insight and remediation or satisfied the Tribunal that she is unlikely to repeat the behaviour. In this regard, the Tribunal reminded itself of its findings at paragraph 34 of its impairment determination, which states: *'The Tribunal noted that the public need to be able to trust doctors. It concluded that Dr Donegan had not demonstrated that she had remediated her misconduct and that she would not be able to begin to do so until she developed meaningful insight into her failings. In the circumstances, the Tribunal concluded that*

there was a significant risk that Dr Donegan would repeat her misconduct. The Tribunal therefore concluded that limbs a, b and c of the approach set out in the case of Grant were engaged’. The Tribunal therefore concluded that paragraph 93 of the SG was not applicable in this case.

31. The Tribunal has also had regard to paragraph 97 of the SG in considering the suitability of a suspension order.

’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.

f. No evidence of repetition of similar behaviour since incident.

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

32. The Tribunal concluded that given the circumstances and Dr Donegan’s approach to these proceedings, as set out in its earlier determinations and above, paragraphs 97(a), (e), (f) and (g) were also not applicable in this case.
33. In all the circumstances, the Tribunal concluded that a suspension order would not adequately uphold the overarching objective.

Erasure

34. The Tribunal then went on to consider whether to erase Dr Donegan’s name from the medical register. In doing so, it bore in mind paragraphs 108 and 109(a),(b),(c),(d) and (j) of the SG, as set out below.

‘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.

c. Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients (see further guidance below at paragraphs 129–132 regarding failure to provide an acceptable level of treatment or care).

d. Abuse of position/trust (see Good medical practice, paragraph 65: ‘You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession’).

...

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

35. The Tribunal determined that paragraph 109(a) of the SG was applicable in this case for the reasons set out above, namely that probity and trustworthiness are at the heart of the doctor/patient relationship, and that Dr Donegan's misconduct fundamentally undermined that relationship.
36. As set out earlier in its determination, the Tribunal has found that Dr Donegan knew that her comments as alleged at paragraph 4 of the Allegation would be unacceptable. However, she continued to make the statements as alleged in the expectation that her statements would not be attributed to her. The Tribunal therefore determined that paragraph 109(b) of the SG was applicable and that Dr Donegan's actions were deliberate.
37. The Tribunal determined that paragraph 109(c) of the SG was applicable and that by Dr Donegan encouraging parents to deliberately misinform healthcare workers about their children's immunisation status and/or diet, her actions had the potential to cause harm to patients. As previously set out, the Tribunal also determined that there remained an ongoing risk to patient safety owing to the lack of insight and remediation, and the risk of repetition.
38. The Tribunal determined that paragraph 109(d) of the SG was applicable, as per its findings at the impairment stage that Dr Donegan's actions breached paragraph 65 of GMP.
39. The Tribunal determined that paragraph 109(j) of the SG was also applicable for the reasons set out in its determination on impairment. The earliest concerns regarding Dr Donegan's conduct date back to November 2019. However, in her written statement in May 2023, she continues to take an unwavering view of her position, blaming others, whilst not accepting responsibility for her misconduct. Taking into account all the above factors, the Tribunal concluded that Dr Donegan has shown a persistent lack of insight into the seriousness of her actions and its consequences. In reaching that conclusion, Dr Donegan should carefully note that this Tribunal's findings do not relate to the rights and wrongs of her views on immunisation about which this Tribunal has not made a determination, but address the fact that she encouraged parents to mislead healthcare professionals about their children's diet/immunisation history.
40. The Tribunal determined that Dr Donegan's misconduct posed an ongoing risk to patient safety given her lack of insight and lack of remediation. It determined that public

confidence would be undermined were a doctor, who had engaged in such serious misconduct and had not demonstrated the necessary insight and remediation, permitted to remain in practice. Further, confidence in the maintenance of proper professional standards and conduct for members of the profession would be undermined on the same basis. The Tribunal therefore concluded that only a sanction of erasure would be sufficient to uphold the overarching objective.

41. The Tribunal therefore determined to erase Dr Donegan's name from the Medical Register.

Determination on Immediate Order - 05/07/2023

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

Submissions

2. On behalf of the GMC, Mr Rankin submitted that it was necessary for the protection of the public and was otherwise in the public interest for an immediate order to be imposed.

The Tribunal's Determination

3. In its deliberations, the Tribunal had regard to paragraph 172 of the SG which states:

'The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order'

4. The Tribunal noted the potential risk of harm to the public raised in this case, and given its findings in relation to public interest concerns, it concluded that an immediate order

would be necessary both for the protection of the public and would otherwise be in the public interest.

5. The Tribunal therefore determined to impose an immediate order of suspension.
6. This means that Dr Donegan's registration will be suspended from the date on which notification of this decision is deemed to have been served upon her. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.
7. The interim order will be revoked when the immediate order takes effect.
8. That concludes the case.

ANNEX A – 19/06/2023

Determination on service and proceeding in the doctor's absence

1. Dr Donegan is neither present nor represented at these proceedings. The Tribunal has considered whether notice of this hearing has been properly served upon her in accordance with Rules 15 and 40 of the General Medical Council (Fitness to Practise) Rules 2004 (as amended)(the Rules) and Schedule 4, Paragraph 8 of the Medical Act 1983 (as amended). In so doing, the Tribunal has taken into account all the information placed before it, together with the submissions on behalf of the GMC.
2. The Tribunal has been provided with a service bundle, which showed that the notice of allegation was emailed to Dr Donegan's registered email address on 10 May 2023. This was also delivered to Dr Donegan's registered address on 10 May 2023. The Tribunal took account of the note recording delivery of the notice of allegation which is dated 11 May 2023. The Tribunal also received a copy of the Notice of Hearing, dated 15 May 2023, which was sent to Dr Donegan's registered address and registered email address. An automated response was received to this from Dr Donegan's email address on 15 May 2023.
3. Having considered all the information, the Tribunal is satisfied that notice of this hearing had been properly served upon Dr Donegan.
4. The Tribunal went on to consider whether to proceed in Dr Donegan's absence in accordance with Rule 31. It bore in mind that its discretion to proceed in Dr Donegan's absence must be exercised with caution and with regard to the overall fairness of the proceedings. The Tribunal has balanced the interests of Dr Donegan, including fairness to her, against the public interest, including the need to protect patients.
5. The Tribunal has also been provided with a letter from Dr Donegan to GMC, dated 2 May 2023, in which she stated *'I am writing to advise I am boycotting these proceedings... This letter explains just some of the evidence. It should be put before the MPTS panel which deals with this case, in my absence'*.
6. In its deliberations, the Tribunal had regard to the cases of *R v Jones [2003] 1AC1* and the criteria to be considered referred to in that case, and *Adeogba v GMC [2014] EWHC 3872*. On the basis of the information provided, the Tribunal was satisfied that Dr Donegan has

voluntarily waived her right to be present and represented at this hearing and that she is aware that the hearing can proceed in her absence. The Tribunal noted that Dr Donegan has provided written representations specifically for placing before the Tribunal in her absence. Dr Donegan has not sought an adjournment of this hearing and the Tribunal considered that were it to adjourn today, it is very unlikely that Dr Donegan would attend a future hearing. The Tribunal has therefore determined that in all the circumstances there was no unfairness in proceeding with the case in Dr Donegan's absence.

ANNEX B – 21/06/2023

Determination on listening to the entirety of the audio/video recordings

1. On behalf of the GMC, Mr Rankin stated that he was carrying out the express wishes of Dr Donegan by requesting that the following recordings were played in open session:
 - Video footage of a consultation Ms A attended with Dr Donegan as part of her investigation;
 - Audio recording of a seminar hosted by Dr Donegan in Frome;
 - Audio recording of a seminar hosted by Dr Donegan in Brighton;
 - Audio recording of ‘Vaccination - The Science’ lecture, given by Dr Donegan on 19 February 2020.
2. Mr Rankin urged caution if the Tribunal determined not to play the remaining recordings and referred the Tribunal to Dr Donegan’s statement that:

‘The MPTS panel need to listen to the recordings of my lectures to realise I use humour and should hear the audience when they are laughing. To attempt to turn humour into serious professional misconduct when it is nothing of the sort is preposterous.’

The Tribunal’s decision

3. The Tribunal bore in mind that it had already listened to the entirety of the audio recording of the seminar hosted by Dr Donegan in Frome, and part of the seminar held in Brighton, in open session. In addition to this, the Tribunal had already listened to/viewed the recordings and has read the transcripts for these before the hearing commenced. As such, the Tribunal took the view that it has already complied with Dr Donegan’s entirely reasonable wishes to listen to/view the recordings and that there would be no unfairness to Dr Donegan if the recordings were not played in open session given that the Tribunal had already listened to/viewed in their entirety as part of its case preparation.
4. Accordingly, the Tribunal determined that it would not be an efficient use of time to listen/view the entirety of the remaining recordings (which amounted to approximately a further 5 hours in length), but it was open to Mr Rankin to play any specific section of those recordings that related to the Allegation Dr Donegan faces, should he choose to do so.

ANNEX C – 22/06/2023

Application to admit further evidence

1. Dr Donegan, made an application pursuant to Rule 34 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), for a draft report, dated 25 May 2023, completed by Dr C to not be allowed to be admitted into evidence.

Submissions

2. Mr F provided written representations on behalf of Dr Donegan in order to submit that the draft report should not be admitted into evidence. Mr F was not Dr Donegan's legal representative for this case but had represented Dr Donegan previously and gave the written submissions with Dr Donegan's authorisation.
3. The written submissions stated that it was far too late for the document to be admitted into evidence and that it was unreasonable to expect Dr Donegan to provide a response at this point. They also stated that the whole matter was trivial and not in the interests of justice as Dr Donegan no longer practises medicine.
4. On behalf of the GMC, Mr Rankin stated that this document should have been provided to Dr Donegan some time ago but was not provided to her. He submitted that this document should be admitted into evidence and Dr Donegan be permitted time to respond to it as this would be in Dr Donegan's interests.
5. Further written submissions from Mr F stated that Dr Donegan *'is not asking for time to respond. She has no wish to compromise the boycott of the proceedings and will not be responding'*.

The Tribunal's decision

6. In its deliberations, the Tribunal noted the submissions that Dr Donegan was still boycotting these proceedings and that she did not wish to compromise that. It also noted that it was due to the GMC's error that the document was not provided to Dr Donegan before these proceedings commenced.

7. However, in all the circumstances, the Tribunal determined that the draft report completed by Dr C was relevant to these proceedings because Dr C was responding to Dr Donegan's defence to the Allegation. Given Dr Donegan's stated view that she wished to continue boycotting this hearing and did not want further time to respond to Dr C's report, the Tribunal concluded that the further report could be admitted without prejudice to Dr Donegan.

8. The Tribunal therefore refused Dr Donegan's application and determined to admit the additional document.

ANNEX D – 26/06/2023

Application to amend the Allegation and Schedules

1. On behalf of the GMC, Mr Rankin made an application, pursuant to Rule 17(6) of the Rules, to make amendments to the Allegation and Schedules.

Submissions

2. Mr Rankin submitted that the following amendments should be made:
 - The word ‘significant’ removed from paragraph 4 of the Allegation;
 - In Schedule 1 the wording should be changed from ‘Occasions 4’ to ‘Occasion 4’;
 - In Schedule 2 the witnesses name should be removed;
 - In Schedule 3 Occasion 6 the wording should be changed to align with what was on the website www.jayne-donegan.co.uk.
3. Mr Rankin submitted that all of these amendments can be made without any injustice to Dr Donegan.
4. No representations were made either by or on behalf of Dr Donegan.

The Tribunals Decision

5. The Tribunal first considered the proposed amendment to paragraph 4 of the Allegation. It noted that Dr C changed his opinion during his oral evidence and now viewed Dr Donegan’s advice with relation to this as below the standard expected as opposed to significantly below.
6. The Tribunal took the view that it would be unfair and unjust to Dr Donegan to change the wording of this paragraph of the Allegation to align with Dr C’s amended view. It concluded that removing the word significant would fundamentally change the nature of this paragraph of the Allegation as it changes the nature of the alleged harm.
7. As such, the Tribunal refused Mr Rankin’s application to amend paragraph 4 of the Allegation.

8. With regard to the amendment to Schedule 1, the Tribunal noted that this amounted to a typo and could be changed without any unfairness or injustice.
9. The Tribunal next considered the amendment to Schedule 2. The Tribunal noted that the proposed amendment was merely intended to anonymise Ms A's name that had otherwise appeared in the schedule to the charges. The Tribunal therefore concluded that this amendment to anonymise Ms A's name could be made without any unfairness or injustice to Dr Donegan.
10. The Tribunal then considered the proposed amendment to Schedule 3. It had concerns as to the late stage this amendment had been proposed. However, the Tribunal noted that the current wording does not accurately reflect the wording that was on the website www.jayne-donegan.co.uk. As such, it determined to allow this amendment so that the wording of the Allegation would reflect the wording on Dr Donegan's website. The Tribunal did not consider that there was any unfairness or injustice to Dr Donegan in allowing this amendment because the proposed amendment did not materially change the nature of the Allegation and that Dr Donegan would have been aware of the wording of her website.

Schedule 1

Occasion 2	<p>‘so whatever you think about vaccination – all these people stopped, something was stopping people dying before the vaccination [whooping cough] was introduced’</p>
	<p>‘so the vaccine didn’t stop people dying from these diseases. They do stop you getting it at normal time when you’d normally get it’</p>
	<p>‘Yeah but for the mumps measles and rubella, and some people would say that as some, as some of them say, well antibodies are not the whole story, 100% true and that’s why you can have no antibodies and not get a disease and have lots of antibodies and get a disease but they’re all you get from vaccines. So, if you have the antibodies, another vaccine’s gonna give you no more – and the other thing in terms of MMR is that if you have measles the disease, or measles the vaccine, they both reduce one type of your immunity called cell mediated you don’t have to be Dr G or a rocket scientist to think that if you give something that reduces your ability to deal with viruses it’s not smart to give it in the same syringe as two other viruses. So, rubella – you haven’t got boys, rubella never helps any boys rubella’s only a problem if you get it the first time when you’re pregnant and the only way of ensuring that girls aren’t gonna do that is try and get them to have real rubella cause the vaccine is known to wear off, the rubella – the disease itself can wear off as well’;</p>
	<p>‘But the mumps, you actually want boys to get mumps before the age of puberty because then when they don’t have real testicles, cause they’re more likely a time that they might have both of them inflamed cause they’ve got real testicles. Girls, you really, really, really want to have mumps, cause if you have clinical mumps as opposed to subclinical, meaning you never knew you had it but when you test them they’ve got antibodies, you’ll have a lower incidence of ovarian cancer, which is a good cancer to have a lower incidence of because it has a bad outcome cause unlike testicles they’re not so handy for feeling any lumps. So I will say – that if once you split them up the only one you can slightly scare people from is measles, you definitely want to get mumps’</p>
	<p>‘So, there’s something that happens in the process you get taught that everyone used to die with these diseases and then the vaccine came along and then we used to die of these other diseases, but then the hygiene improved. Social conditions, made them stop dying’</p>

Occasion 3	<p>That the historical decline in deaths from whooping cough was because of sanitation and surgeons not vaccinations</p> <p>‘The commercial whooping cough vaccine – you have diphtheria, tetanus and whooping cough vaccines tested against diphtheria and tetanus vaccination. Both of the vaccines will have mercury – they do not have it in now, not since 2004 – they both had mercury, formaldehyde, aluminum and other things in them. Or they will test the new meningococcal flu vaccine against a hepatitis B vaccine, which was withdrawn from the schoolchild programme in France because of links with multiple sclerosis, so it is not a proper thing’</p> <p>‘Aluminium is neurotoxic and we put it in our vaccine. It is a very small amount, but we inject it. Then we have formaldehyde. Formaldehyde is also not in the live vaccine. Formaldehyde is there to stop them going off’</p> <p>‘One of the things you need to realise is that if you go and vaccinate your child and something goes wrong – it will go wrong, not every time, but for something that is one in 100,000 you think, “that’s not very many.” I am not thinking about a snotty nose; I am talking about disability or death. So, one in a 100,000, it is quite diluted really. There are 700,000 children born in the UK each year and they have those shots three times in the first year, so that is seven times three, 21. So 21 children have died or been disabled from those vaccines of which they had really a very minimal chance of having anything like that happen to them if they did not have the vaccine.’</p>
Occasions 4 Successful application under Rule 17(6)	<p>‘Neomycin is [in] the MMR vaccine. If you look in the BNF, the British National Formulary, what it says in the BNF is, “Too toxic for parenteral administration”. Don’t inject it says. We give it to people who are going to have bowel surgery so that it cleans all the microbes out of their bowels. It is not one that you are supposed to inject. That is what it says in the BNF, so that would make you wonder about that. People will say, “Oh, but there is only trace amounts”, but you are injecting it. It might be a trace amount if you are swallowing it, but it is not a trace amount if you are injecting it. That is what the BNF says, don’t give it...’</p>
Occasion 5	<p>‘What they normally do is they normally compare a different vaccine so when people were worried about whole-cell whooping cough vaccine, they compared DTP, the triple, with diphtheria and tetanus. So, both of these vaccines had formaldehyde, aluminium, mercury containing compounds. So, you weren’t comparing</p>

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	<p>vaccinated against unvaccinated. In fact, there aren't any trials with vaccinated, against unvaccinated children because we're told that the vaccines are such a lifesaving intervention that it's not ethical to compare them.'</p>
	<p>'...and when people are studying vaccines often the animals they inject them into are killed at three weeks so you don't have any chance to see anything long-term at all'</p>
	<p>'You know in France about 15 years ago they suspended the school child programme because of worries about the link with the multiple sclerosis and in fact this was proved in the court and then it was chucked out in subsequent appeals because the vaccine manufacturers have a lot more money to pay for barristers than some little doctor who is currently pleading the thing. So they say over one million doses of hepatitis B vaccine have been used since 1981 with an outstanding record of safety and efficacy. So that means that they are safe'</p>
	<p>'I can't tell you why we have vaccines. I can't tell you the answer to that.'</p>

Schedule 2

Occasion 2 Successful application under Rule 17(6)	<p>'you just have to say well do you really think it's a good idea having those vaccines, when [hmm] bearing in mind that since Thalidomide everybody's been said, that pregnant women are safe, they shouldn't haven't anything'</p>
	<p>XXX <u>Ms A</u> - 'If you were starting again, like if you were my sister's positions would you just not?.....But I mean when her baby arrives as well?'</p> <p>You- 'No I wouldn't, [yes] yeah but you have to have both parents on board'</p>

Schedule 3

Occasion 1	'It is a matter of public record that I am the only qualified medical practitioner in the UK whose medical advice on vaccination has been proven in an extensive examination to a standard of beyond a reasonable doubt before an English legal tribunal to be sound and based on peer reviewed scientific and medical journal published literature (GMC 2007).'
Occasion 2	'I'm the only doctor in the country whose opinion on vaccinations has been tested in a three-week statutory tribunal and found to be independent, objective and unbiased beyond any doubt'
Occasion 3	'So, that's why you're here, because I'm the only doctor in the country whose opinion on vaccinations has been tested in a truly UK statutory legal tribunal and found to be independent, objective and unbiased beyond any doubt'
Occasion 6 Successful Application under Rule 17(6)	'Dr Donegan is currently the only doctor in the UK whose opinion <u>given in Court as an expert in</u> on vaccination has been tested in extensive UK legal proceedings (GMC 2007) and found to be valid, based on sound research and peer reviewed medical literature beyond reasonable doubt with a GMC Panel decision stating: <i><u>"The panel is sure that in the reports you provided you did not fail to be objective, independent and unbiased."</u></i>

Schedule 4

Occasion 2	'And the only thing is, the health visitor you always say they're having a pint of milk a day till they're two, cos it stops them worrying'
Occasion 4	<p>Audience- 'It is fatal when you [are] asked by a health professional whether you have vaccinated your child or not and you say that you have' ...</p> <p>You- 'Well, it depends. Your GP has it on the screen. What a lot of people do in A & E and other places is they say, "up to date". "Have they had all their vaccines?" "What vaccines?" "Up to date". They say, "What have they had then?" and you say, "Well, I don't know, it's all so complicated because there are so many of them!" "I know they are up to date" and act as if you are stupid because they think you are stupid anyway'</p>
	<p>'What people do which I would not recommend because I will get struck off is people have a red book and you can either stand up and wave your bra in the air and say ... "that is where you have put your energy. Other people have their little red book and they have a friend who has had all the vaccines – it will not work with your GP but it will work for schools and loads of other things – and they just copy everything from their friend or they say, "Well, you've had all those vaccines and I've lost my book, I don't know what I've done with my book and I can't remember what he is supposed to have had, can I just have a look at yours?" They don't even fill them in properly; they don't put the batch numbers and also, if you were doing it yourself, you would try and make it look all nice and official, but you have these scrappy old things and half the time...'</p>
	<p>Audience- 'Are there any doctors who can sign the book so that it says that you know ... (laughter)?'</p> <p>You: 'Yes, Dr You.'</p>
	<p>Audience- 'So do you just lie when people ask you if your children are vaccinated?'</p> <p>You: You say, "Why do you ask? Are your children not vaccinated?"</p> <p>Audience: Deflection.</p>
	<p>'...I thought what am I going to do because if I were you, I could just forge something but I can't do that because I am a doctor and I would get struck off and I really would get struck off. What can I do? I thought maybe I can do something homeopathic because they are not having</p>

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	<p>it. In the meantime I wrote “Yes, I’ll get it done” thinking what will I do and they never came back to me, so when the next one went I just said “yes”. The main thing is, don’t stick your head above the parapet because you make it difficult for them. If you say they are not vaccinated, they say they can’t go on the trip or they say “They could but the insurers won’t insure us”, so just keep saying ‘yes’ but don’t say I said that’</p>
	<p>‘...but she did not leave it blank – it would be more difficult with a computer now – and nobody ever noticed, so, yes, always fill in something’</p>