

PUBLIC RECORD

Dates: 26/02/2024 - 28/02/2024

Medical Practitioner's name: Dr Peter MEADE

GMC reference number: 2456751

Primary medical qualification: MRCS 1978 Royal College of Surgeons of
England

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	No facts found proved	Consideration of impairment not reached

Summary of outcome
Case concluded

Tribunal:

Legally Qualified Chair	Mr Lee Davies
Lay Tribunal Member:	Mrs Debbie Hill
Medical Tribunal Member:	Dr Harriet Leyland
Tribunal Clerk:	Ms Ciara Fogarty

Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Mr Ben Rich, Counsel, instructed by Case Management Medical
GMC Representative:	Mr Chris Hamlet, Counsel

Attendance of Press / Public

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

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts - 28/02/2024

1. Dr Meade qualified in 1978 from Royal College of Surgeons of England and prior to the events which are the subject of the hearing Dr Meade practised as a GP. At the time of the events Dr Meade was practising as a GP at Seven Dials Medical Centre ('the Medical Centre').
2. The allegation that has led to Dr Meade's hearing can be summarised as that Dr Meade provided a medical report dated 1 January 2022 for a Coroner's inquest into the death of Patient A in which he made comments he knew were untrue. It is further alleged that Dr Meade's actions were dishonest.
3. The initial concerns were raised with the GMC on 30 August 2022 by Mr B of XXX after one of its service users (Patient A) passed away 5 days after an appointment with Dr Meade at the Medical Centre.

The Allegation and the Doctor's Response

4. The Allegation made against Dr Meade is as follows:
 1. You provided a medical report dated 1 January 2022 for the Coroner's Inquest into Patient A's death ('the Report') and:
 - a. in relation to your consultation with Patient A at Seven Dials Medical Centre on 13 August 2021 ('the Consultation'), the Report stated:
 - i. *'Following examination, I advised that he needed to attend the A&E department at the Royal Sussex County hospital as his continuing symptoms, with the recent presentation and assessment the previous*

*day, required specialist investigation, including cardiac/inflammatory markers, scans and X-rays.’ **Admitted and found proved***

ii. *‘Accordingly, I advised him at this consultation, that he should attend A&E that day. I did explain fully to him of the necessity for this assessment, but he informed me of his reservation to attend A&E due to the potential wait and I reassured him that he should still attend A&E, department for assessment due to the urgency of his symptoms and this was the reason for his attendance.’ **Admitted and found proved***

- b. you did not advise Patient A to attend hospital at the Consultation; **To be determined**
- c. your comments in the Report set out at paragraph 1. a. were not true; **To be determined**
- d. you knew that your comments in the Report set out at paragraph 1. a. were not true; **To be determined**
- e. your actions as described at paragraphs 1. a. and 1. c. were dishonest by reason of paragraphs 1. b. and 1. d. **To be determined**

The Admitted Facts

5. At the outset of these proceedings, through his counsel, Mr Ben Rich, Dr Meade made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (‘the Rules’). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

The Facts to be Determined

6. In light of Dr Meade’s response to the Allegation made against him the Tribunal is required to determine whether Dr Meade did not advise Patient A to attend hospital at the Consultation; and made comments in the medical report for the Coroner’s Inquest that were not true. The Tribunal are required to determine if Dr Meade’s actions were dishonest.

Applications made after the Facts Stage

7. After closing Dr Meade’s case, Mr Rich made an application to the tribunal to re-open the case to admit further evidence. The evidence comprised of a note of a telephone call between Dr Meade’s solicitor and Ms C, the practice receptionist working the day of Patient A’s consultation. Ms C confirmed that she could recall the patient but had no recollection of booking the appointment, speaking to XXX and/or speaking to Dr Meade. Mr Hamlet, on behalf of the GMC did not oppose the application.

8. The Tribunal granted Dr Meade’s application and admitted this evidence.

Witness Evidence

9. The Tribunal received evidence on behalf of the GMC from the following witnesses:

- Ms D, Support Worker, via Video Link

10. Dr Meade provided his own witness statement and gave oral evidence at the hearing.

Documentary Evidence

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

- Dr Meade’s Medical Report prepared for the Coroner’s Inquest dated 1 January 2022
- Copy of Patient A’s medical records
- Screenshots of System 1 computer
- Various testimonials in support of Dr Meade

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 Meade 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 were directed to the case of *B (Children), Re [2008] UKHL 35 (11 June 2008)*, which confirms that whilst the seriousness of an allegation or its consequences mean more careful consideration of the evidence, it does not affect the test to be applied, Lord Hoffman concluded,

“There's only one rule of law, namely that the occurrence of the fact in issue must be proved to have been more probable than not common sense, not law, requires that in deciding this question, regards should be had to whatever extent appropriate to inherent probabilities.”

14. The Legally Qualified Chair (‘the LQC’) drew the Tribunal’s attention to the cases of *R (Dutta) v GMC [2020] EWHC 1974 (Admin)*. In *Dutta*, the LQC said that the Judge stated that the Tribunal had made a fundamental error in assessing a witness’s credibility based largely, if not exclusively, on her demeanour when giving evidence. The Judge went on to quote approvingly from a number of other authorities to the following effect:

“We believe memories to be more faithful than they are. Two common errors are to suppose (1), that the stronger and more vivid the recollection, the more likely it is to be accurate; (2) the more confident another person is in their recollection, the more likely it is to be accurate. ...Events can come to be recalled as memories, which did not happen at all, or which happened to somebody else. ... The best approach from a judge is to base factual findings on inferences drawn from the documentary evidence and known or probable facts. ... Oral testimony does serve a useful purpose but its value lies largely... in the opportunity which cross-examination affords to subject the documentary record to critical scrutiny, and to gauge the personality, motivations and working practices of a witness, rather than in testimony of what the witness recalls of particular conversations and events.”

15. The LQC stated that Dr Meade is of good character; he has no previous disciplinary matters proved against him. The LQC stated that good character was not a defence to the Allegation but it was relevant to the Tribunal’s consideration of the case in two ways:

16. Firstly, Dr Meade gave evidence. His good character supported his credibility and was a positive feature of Dr Meade, which the Tribunal should take into account when considering whether it accepted his evidence. Secondly, the fact that Dr Meade is of good character and has no previous disciplinary findings against him may make it less likely that he acted as was now alleged against him.

17. What weight should be given to Dr Meade’s good character, on the facts of this particular case, was a decision for the Tribunal to make. In making that assessment, the Tribunal was entitled to take into account everything it had been told about him.

18. In determining whether the allegation regarding dishonesty has been proved, the Tribunal should apply the test set out in the matter of *Ivey v Genting Casinos (UK) Ltd (t/a Crockfords) [2017] UKSC 67 (‘Ivey’)* as set out in at para 74:

‘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

19. Before considering each outstanding paragraph of the Allegation separately the Tribunal conducted analysis of both the documentary and oral evidence.

20. The Tribunal first considered the evidence of Ms D. The Tribunal considered Ms D to be a clear, consistent and credible witness. The Tribunal found that Ms D made concessions when appropriate and acknowledged that she could not remember some details of the appointment between Patient A and Dr Meade. The Tribunal assessed that Ms D was a witness who was doing her best to assist the Tribunal.

21. Ms D told the Tribunal that Dr Meade had not advised Patient A to attend A and E during the appointment at which she was present throughout. She told the Tribunal that Patient A was very independent. The appointment was conducted between Patient A and Dr Meade and did not require Ms D to participate actively.

22. Ms D told the Tribunal that at the outset of the appointment she provided Dr Meade with the notes prepared by the paramedics the previous day and a blood pressure result obtained from a machine in the surgery prior to the appointment. The Tribunal considered that Ms D was unsure as to the status of Patient A's antibiotics prescription.

23. Ms D stated that her role as a support worker was to get Patient A to the appointment. The Tribunal noted that Ms D had not read the report to the coroner but had been made aware of what had been said by Dr Meade at the inquest. The Tribunal noted that Ms D was aware that Patient A had refused to attend the accident and emergency department the previous day. The Tribunal noted that Ms D's recollection was that the appointment lasted 5-7 minutes, whereas the appointment was timed as 22 minutes on the Medical Centre computer system.

24. The Tribunal considered the note compiled by Ms D that day. It noted that whilst it did not record any advice by Dr Meade that Patient A should attend A and E, it also did not record agreed events such as the blood pressure reading or the provision of the paramedic notes to Dr Meade.

25. The Tribunal went on to consider the evidence of Dr Meade. The Tribunal found Dr Meade to be a clear, straightforward and credible witness. It noted that Dr Meade gave his

recollection of events as he recalled it and did not attempt to embellish answers. The Tribunal considered that Dr Meade held himself accountable that his clinical record of the consultation was not as detailed as the standard expected, as he had omitted to record that Patient A had refused to attend A and E despite Dr Meade advising him to do so.

26. The Tribunal considered that Dr Meade's recollection that the consultation with Patient A was longer than normal appeared to be corroborated by the timings on the clinical notes. The Tribunal accepted Dr Meade's evidence that he advised Patient A to attend accident and emergency but had not made a note of this advice.

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

Paragraph 1(b)

28. In light of its analysis above, the Tribunal the Tribunal was not satisfied in the case of paragraph 1(b) that the GMC had discharged the burden upon it to the required standard, to show that it was more likely than not that Dr Meade did not advise Patient A to attend hospital. Accordingly, the Tribunal found paragraph 1(b) of the Allegation not proved.

Paragraph 1(c)

29. The Tribunal has found paragraph 1(b) not proved. As such, paragraph 1(c) of the Allegation is not proved in its entirety.

Paragraph 1(d)

30. The Tribunal has found paragraph 1(b) and (c) not proved. As such, paragraph 1(d) of the Allegation is not proved in its entirety.

Paragraph 1(e)

31. Having found paragraphs 1(b), 1(c) and 1(d) of the Allegation not proved, Dr Meade's actions could not amount to dishonesty.

32. Accordingly, the Tribunal found paragraph 1(e) not proved.

The Tribunal's Overall Determination on the Facts

33. The Tribunal has determined the facts as follows:

1. You provided a medical report dated 1 January 2022 for the Coroner’s Inquest into Patient A’s death (‘the Report’) and:

- a. in relation to your consultation with Patient A at Seven Dials Medical Centre on 13 August 2021 (‘the Consultation’), the Report stated:
 - i. *‘Following examination, I advised that he needed to attend the A&E department at the Royal Sussex County hospital as his continuing symptoms, with the recent presentation and assessment the previous day, required specialist investigation, including cardiac/inflammatory markers, scans and X-rays.’ **Admitted and found proved***
 - ii. *‘Accordingly, I advised him at this consultation, that he should attend A&E that day. I did explain fully to him of the necessity for this assessment, but he informed me of his reservation to attend A&E due to the potential wait and I reassured him that he should still attend A&E, department for assessment due to the urgency of his symptoms and this was the reason for his attendance.’ **Admitted and found proved***
- b. you did not advise Patient A to attend hospital at the Consultation; **Not proved**
- c. your comments in the Report set out at paragraph 1. a. were not true; **Not proved**
- d. you knew that your comments in the Report set out at paragraph 1. a. were not true; **Not proved**
- e. your actions as described at paragraphs 1. a. and 1. c. were dishonest by reason of paragraphs 1. b. and 1. d. **Not proved**

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. **Not proved**

34. That concludes this case.