**Record of Determinations – Medical Practitioners Tribunal**

**PUBLIC RECORD**

**Dates:** 12/08/2019 - 16/08/2019

**Medical Practitioner’s name:** Dr Matthew GOODCHILD-SIMPSON

**GMC reference number:** 4036441

**Primary medical qualification:** ChB 1993 University of Birmingham

**Type of case**

XXX

**Outcome on impairment**

XXX

Impaired

**Summary of outcome**

Suspension, 12 months

Review hearing directed

Immediate order imposed

**Tribunal:**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
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<tr>
<td>Legally Qualified Chair</td>
<td>Ms Chitra Karve</td>
</tr>
<tr>
<td>Lay Tribunal Member:</td>
<td>Mr Chris Weigh</td>
</tr>
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<td>Medical Tribunal Member:</td>
<td>Dr John Moriarty</td>
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</tbody>
</table>

**Tribunal Clerk:**

Ms Zaheda Razvi on days 1-3 and Ms Rosanna Sheerin on Days 4-5

**Attendance and Representation:**

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<tr>
<th>Role</th>
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<tr>
<td>Medical Practitioner:</td>
<td>Not present and not represented</td>
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<tr>
<td>Medical Practitioner’s Representative:</td>
<td>N/A</td>
</tr>
<tr>
<td>GMC Representative:</td>
<td>Mr Saul Brody, Counsel, instructed by GMC Legal</td>
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**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.
Determination on Impairment - 14/08/2019

1. At the outset of the hearing the Tribunal determined, in accordance with Rule 41XXX of the General Medical Council (GMC) Fitness to Practise Rules 2004, that the hearing be heard in private as the matters under consideration relate primarily to XXX. At the conclusion of the hearing a redacted version of this determination will be produced with those matters relating to XXX removed.

Background

2. The Tribunal has noted the background to Dr Goodchild-Simpson’s case and his fitness to practise history. Dr Goodchild-Simpson’s case was first considered XXX in February 1995 when his fitness to practise was found to be seriously impaired and his registration was suspended for a period of 12 months. Dr Goodchild-Simpson’s case has been considered by XXX, Fitness to Practise (FTP) Panel, or Medical Practitioners Tribunal (MPT) on 17 occasions prior to today’s hearing. On the last five occasions the Panel/Tribunal has also considered deficient professional performance following a GMC Performance Assessment that he undertook in 2012. The sanctions imposed on his registration have varied between suspension, XXX and conditional registration. He has not been able to practise unrestricted since the original 1995 hearing.

3. Dr Goodchild-Simpson’s case was last reviewed by an MPT in September 2017 (2017 Tribunal) and his fitness to practise was again found to be impaired XXX by reason of his deficient professional performance.

4. XXX.

5. In relation to Dr Goodchild-Simpson’s deficient professional performance, the 2017 Tribunal considered whether he had adequately maintained his medical knowledge and skills. It considered the evidence adduced of the continuing professional development (CPD) that he had undertaken, however it found that it was limited and, in any event, did not address the specific deficiencies identified in his performance. The 2017 Tribunal determined that there was no evidence before it that he had reflected or developed any further insight into the concerns raised by those deficiencies. The 2017 Tribunal had regard to Dr Goodchild-Simpson’s Personal Development Plan (PDP) dated 13 June 2017 and noted that it is extremely brief and that it did not address any of the clinical concerns, or refer to them in any way.

6. The 2017 Tribunal considered that Dr Goodchild-Simpson had failed to grasp what was required of him with regard to the performance concerns, and that he had failed adequately to reflect on them or remediate them. The 2017 Tribunal determined that Dr Goodchild-Simpson’s fitness to practise remained impaired by reason of his deficient professional performance.
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7. Having made a finding that Dr Goodchild-Simpson’s fitness to practise was impaired, the 2017 Tribunal determined to impose conditions on his registration for a period of 18 months.

8. XXX.

9. The 2017 Tribunal stated that the next review Tribunal may also be assisted by the following in relation to Dr Goodchild-Simpson’s performance:

   • Evidence of insight into his deficient professional performance, and the specific areas identified;
   • A structured PDP which specifically identifies the steps taken, or to be taken, to address these deficiencies;
   • Evidence of the steps he has taken to keep his professional skills and knowledge up to date. This evidence might take the form of a CPD log or journal, where he sets out his learning activities, and reflect upon the relevance of this learning;
   • Testimonials from professional colleagues;
   • Reports from his educational supervisor(s) and clinical supervisor(s);
   • A copy of any formal appraisals (signed off by his appraiser) undertaken since this hearing;
   • Any other evidence that he considers may assist the Tribunal.

10. A Tribunal was listed in March 2019 to review this case. This was adjourned following identification of a conflict of interest. That Tribunal extended the conditions by nine months.

Today’s review

11. This Tribunal has today reviewed Dr Goodchild-Simpson’s case and has considered in accordance with Rule 22(1)(f) whether his fitness to practise is currently impaired. In so doing, it has taken into account all of the documentary evidence put before it, and the submissions made by Mr Brody, Counsel, on behalf of the GMC.

Documentary Evidence

12. This Tribunal has read and considered all of the documentation submitted by the GMC since the last review hearing, which includes:

   • XXX;
   • Minutes of Fitness to Practice Panel Review Hearings from November 2006 to March 2015;
   • Record of Determinations from the Medical Practitioners Tribunal Review Hearings from December 2015 to September 2017;
   • XXX;
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- Email exchanges between the GMC and Dr Goodchild-Simpson;
- XXX;
- XXX;
- Dr Goodchild-Simpson’s email to the GMC XXX, dated 15 November 2018;
- XXX; and
- Dr Goodchild-Simpson’s email to the GMC, dated 11 January 2019 enclosing the second statement to the assistant registrar.

13. The Tribunal has also taken account of the bundle(s) submitted on behalf of Dr Goodchild-Simpson, which included the following documents:

- NHS England I&R scheme 6 February 2019;
- 'Sketchplan PDP’ dated 25 February 2019;
- XXX;
- Reading University Contract 14 December 2018;
- XXX;
- XXX;
- XXX; and
- XXX.

14. Following the adjournment of the review hearing in March 2019, a further additional bundle was produced which included the following documents:

- Email received from Dr Goodchild-Simpson regarding Health Education England’s response to his subject access request; and
- Correspondence between Dr Goodchild-Simpson and the GMC regarding witnesses and preliminary legal arguments.

XXX

15. XXX.

16. XXX.

17. XXX.

18. XXX.

19. XXX.

20. XXX.

21. XXX.

22. XXX.
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23. XXX.
24. XXX.
25. XXX.
26. XXX.
27. XXX.
28. XXX.
29. XXX.
30. XXX.
31. XXX.
32. XXX.
33. XXX.
34. XXX.

Evidence From Dr Goodchild-Simpson

35. Dr Goodchild-Simpson provided a number of documents to be considered at the March 2019 review hearing. These include the ‘Sketchplan PDP’ dated February 2019, in which he refers to his CPD performance. This included successful recertification of his Diploma ‘Sexual and Reproductive Healthcare’ in 2017. He also provided information relating to non-clinical employment over some years.

36. The Tribunal has received no testimonial evidence.

Submissions

For The GMC

37. Mr Brody, on behalf of the GMC, submitted that Dr Goodchild-Simpson’s fitness to practise remains impaired by reason of his XXX deficient professional performance. He provided the Tribunal with a detailed history of the case and of the documents which have been provided for this hearing. XXX.

38. Mr Brody informed the Tribunal that sanctions have been imposed on Dr Goodchild-Simpson’s registration which have varied from suspension to conditions and that his case was last substantially reviewed in September 2017 when he was
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again found impaired. Mr Brody submitted that during the hearing Dr Goodchild-Simpson showed diminished insight and failed to demonstrate that he had remediated his deficient professional performance. However that Tribunal noted the difficulties he had experienced in finding work and so they determined to impose conditions for a further 18 months to allow him sufficient time to seek employment and to undertake remediation and reflection so that he could demonstrate that he had remediated the areas of concern. Mr Brody submitted that the review was to take place in March 2019, however that hearing was adjourned due to a conflict of interest of a Tribunal member.

39. XXX.

40. XXX.

41. XXX.

42. With regards to deficient professional performance, Mr Brody submitted that Dr Goodchild-Simpson has not complied with the advice to produce a PDP in that the ‘Sketchplan PDP’ provided is “wholly inadequate”, nor has he complied with the advice to provide evidence of the steps he has taken to keep up to date. He submitted that Dr Goodchild-Simpson has not provided any log or journal which set out his activities. He added that it is clear that Dr Goodchild-Simpson has not been working in a medical capacity and therefore no formal appraisals have been adduced. Similarly no testimonials have been adduced.

43. Mr Brody concluded his submissions by stating that Dr Goodchild-Simpson has provided very little evidence and the documents he has submitted are of limited relevance to the task before the Tribunal. XXX. Mr Brody acknowledged that Dr Goodchild-Simpson has not worked in a clinical role since August 2013 and has not had the opportunity to maintain his skills. He has failed to recognise what is required in order to return to safe practice. Mr Brody concluded that given the above Dr Goodchild-Simpson’s fitness to practise remains impaired by reason of XXX his deficient professional performance.

The Tribunal’s Decision

44. The Tribunal has reminded itself that at this stage of the proceedings, there is no burden or standard of proof and the decision on impairment is a matter for the Tribunal’s judgement alone.

45. The Tribunal is aware of its statutory overarching objective which is to protect, promote and maintain the health, safety and wellbeing of the public, to promote and maintain public confidence in the profession, and to promote and maintain proper professional standards and conduct for the medical profession.
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46. The Tribunal must consider whether Dr Goodchild-Simpson’s fitness to practise is impaired today, taking into account any relevant changes since the last review. This would include evidence of insight; whether the matters are remediable, have been remedied, and whether they are ‘highly unlikely’ to be repeated.

47. The Tribunal also took into account that in a review hearing the persuasive burden falls upon the doctor to show how his conduct has been remediated, in order to demonstrate that he is no longer impaired.

XXX

48. XXX.

49. XXX.

50. XXX.

51. XXX.

52. XXX.

53. XXX.

54. XXX.

Impairment by reason of deficient professional performance

55. In relation to Dr Goodchild-Simpson’s deficient professional performance, the Tribunal had regard to the concerns raised by the 2013, 2015 and 2016 FTP Panels and those of the 2017 Tribunal. The Tribunal considered whether Dr Goodchild-Simpson has provided evidence to demonstrate that he has addressed those concerns and kept his medical knowledge and skills up to date.

56. The Tribunal has considered the six specific areas identified by the September 2017 Tribunal and makes the following observations.

Insight

57. The Tribunal has found that Dr Goodchild-Simpson has failed to demonstrate that he understands what is required in order to address his deficient professional performance. There is nothing before the Tribunal from Dr Goodchild-Simpson where he has specifically addressed the four identified areas of deficiencies. These are assessment of patient’s condition, providing/arranging treatment, relationships with patients and record keeping.

Personal Development Plan
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58. In relation to a PDP, the Tribunal notes that on 17 November 2017 the GMC wrote to Dr Goodchild-Simpson to submit his PDP by 18 January 2018, and a further reminder was sent on 11 December 2017. Dr Goodchild-Simpson did send the ‘Sketchplan PDP’. The Tribunal notes that it was over a year after the deadline when Dr Goodchild-Simpson provided this. In the Tribunal’s view this plan falls a long way short of being an acceptable and properly constructed development plan. The document does not demonstrate that he has addressed the four specific areas which were found to be deficient. The Tribunal recognise the efforts made by Dr Goodchild-Simpson to find a supervisor for his PDP which was made difficult given he had not worked in a clinical capacity. Notwithstanding its criticisms of the PDP, the Tribunal accepts that XXX may have impacted on his ability to develop a structured reasoned plan and obtain oversight to assist in its development.

CPD Activity
59. There is evidence before the Tribunal of some CPD activity that Dr Goodchild-Simpson had undertaken. There is a list of activity in his ‘Sketchplan PDP’ dated 25 February 2019, however the Tribunal did not see any evidence of Dr Goodchild-Simpson’s learning and reflection following these activities and no indication how they relate to the identified areas of deficiencies. In the Tribunal’s judgement, this falls short of what was expected of him by the September 2017 Tribunal.

Testimonials
60. There are no relevant and recent testimonials that have been put before the Tribunal

Reports
61. The Tribunal recognise that it would be impossible for Dr Goodchild-Simpson to provide any reports from his educational supervisor(s) and clinical supervisor(s) and any formal appraisals in the absence of any clinical work during this period.

Any other evidence
62. The Tribunal note the additional documents provided by Dr Goodchild-Simpson but found them to be of limited assistance in determining his current fitness to practise.

63. The Tribunal considered that Dr Goodchild-Simpson has failed to grasp what is required of him with regard to the performance concerns, and that he has failed adequately to reflect on them or remediate them.

64. Having considered all the evidence, the Tribunal has determined that Dr Goodchild-Simpson’s fitness to practise remains impaired by reason of his deficient professional performance.

Conclusion
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65. the Tribunal has determined that Dr Goodchild-Simpson’s fitness to practise remains impaired by reason of XXX his deficient professional performance.

Determination on Sanction - 16/08/2019

1. At the outset of the hearing the Tribunal determined, in accordance with Rule 41XXX of the General Medical Council (GMC) Fitness to Practise Rules 2004, that the hearing be heard in private as the matters under consideration relate primarily to XXX. At the conclusion of the hearing a redacted version of this determination will be produced with those matters relating to XXX removed.

2. Having determined that Dr Goodchild-Simpson’s fitness to practise is impaired by reason of XXX his deficient professional performance, 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 Outcome of Applications Made

3. Dr Goodchild-Simpson in email correspondence dated 14 August 2019 indicated that he would be available to participate in proceedings via telephone on 15 August 2019. The Tribunal’s full decision on the application is included at Annex C.

4. Dr Goodchild-Simpson made an application on 15 August 2019 to adjourn the proceedings. The Tribunal’s full decision on the application is included at Annex C.

The Evidence

5. The Tribunal has taken into account evidence received during the earlier stage of this hearing, where relevant to reaching a decision on sanction.

6. The Tribunal has been provided with email correspondence between Dr Goodchild-Simpson and GMC dated 14 August 2019 relating to this hearing and a letter dated 12 August 2019 from the GMC to Dr Goodchild-Simpson, XXX.

Submissions

7. Mr Brody stated that Dr Goodchild-Simpson had submitted an unsigned online Voluntary Erasure application form to the GMC on 11 August 2019. He submitted that the application for Voluntary Erasure was opposed by the GMC.

8. On behalf of the GMC, Mr Brody submitted that the appropriate and proportionate sanction to impose was suspension.
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9. Mr Brody submitted that to take no action was not appropriate in this case as there are no exceptional circumstances. He submitted that no undertakings had been offered on behalf of Dr Goodchild-Simpson and if such an offer had been made the GMC would not have agreed to undertakings.

10. In relation to the imposition of conditions he submitted that it would not be possible to formulate appropriate or workable conditions to address the concerns raised in relation to Dr Goodchild-Simpson’s limited insight.

11. In relation to deficient performance, Mr Brody submitted that Dr Goodchild-Simpson has not provided evidence of his attempts to address his deficiencies and therefore the imposition of an order of conditions would be insufficient to satisfy the public interest.

12. Mr Brody submitted that an order of suspension should be imposed as there remains impairment by reason of Dr Goodchild-Simpson’s deficient professional performance. He submitted that there would be a risk to patient safety and the public interest if such an order were not imposed.

13. Dr Goodchild-Simpson stated that he always sought to be an honest and law-abiding person and that everywhere he has worked he has tried to make sure it was a good environment with a good work policy. He stated that he has always sought to provide an explanation for his actions.

Legal Advice

14. The LQC advised in relation to the application for Voluntary Erasure that it had not been formally referred to the Tribunal and therefore she could not conclude that it was a matter the Tribunal could make a decision upon. However, that point might be moot because she noted that in any event it appeared that the form was incomplete. She also advised the Tribunal to give such weight as is appropriate to the application given that as recently as in his application for adjournment that morning Dr Goodchild-Simpson had stated that he was seeking employment as a medical practitioner in Northern Ireland. The Tribunal would need to consider the evidence of his commitment to Voluntary Erasure.

15. XXX.

The Tribunal’s Determination on Sanction

16. The Tribunal has determined that it did not have the power at this time to consider Dr Goodchild-Simpson’s application for Voluntary Erasure and therefore it proceeded to make its determination in relation to sanction.

17. XXX.
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18. The Tribunal reminded itself that again at this stage of proceedings, there is no burden or standard of proof and the decision on sanction is a matter for the Tribunal's judgment alone.

19. In reaching its decision, the Tribunal has given careful consideration to Sanctions Guidance (SG) (February 2018) generally. It has borne in mind that the main reason for imposing sanctions is to protect the public pursuant to the overarching objective set out in section 1 of the Medical Act 1983 (as amended), already rehearsed in the determination on impairment. Sanctions are not imposed to punish or discipline doctors, but they may have a punitive effect.

20. The Tribunal has borne in mind that in deciding what sanction, if any, to impose, it should consider the sanctions available, starting with the least restrictive. In making its decision, the Tribunal also had regard to the principle of proportionality, and it weighed Dr Goodchild-Simpson’s interests with those of the public.

21. The Tribunal has given particular consideration to paragraph 17 of SG, which states:

"Patients must be able to trust doctors with their lives and health, so doctors must make sure that their conduct justifies their patients’ trust in them and the public’s trust in the profession (see paragraph 65 of Good medical practice). Although the tribunal should make sure the sanction it imposes is appropriate and proportionate, the reputation of the profession as a whole is more important than the interest of any individual doctor."

Insight

22. XXX.

23. Whilst Dr Goodchild-Simpson stated that he has always sought to be honest in his dealings with these proceedings the Tribunal is mindful that it is not concerned about Dr Goodchild-Simpson’s honesty in respect of the matters before it.

24. XXX.

No Action

25. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Goodchild-Simpson’s case, the Tribunal first considered whether to take no action. The Tribunal considered, amongst others, paragraphs 68-70 of SG which highlights that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.
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26. The Tribunal has determined that there are no such exceptional circumstances in this case. It therefore has determined that taking no action would be neither appropriate, proportionate nor in the public interest.

Conditions

27. The Tribunal next considered whether to impose conditions on Dr Goodchild-Simpson’s registration. It bore in mind that any conditions imposed would need to be appropriate, proportionate, workable, and measurable. The SG, at paragraph 82 states:

'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.’

28. The Tribunal considered this non-exhaustive list of factors in paragraph 82 of the Sanctions Guidance, which set out criteria for determining when imposing conditions on a doctor’s registration might be appropriate and/or workable. The Tribunal has determined that XXX a period of retraining and/or supervision would not be capable of addressing the findings made in relation to his deficient professional performance. The Tribunal noted that Dr Goodchild-Simpson had already been given an opportunity to do so following the 2017 hearing and the doctor was unable to evidence positive progress. The Tribunal therefore is not satisfied that he will comply with further conditions.

29. The Tribunal determined that it would not be possible to formulate a set of appropriate or workable conditions and has therefore it has determined that a period of conditional registration would be insufficient to satisfy the public interest.

Suspension

30. The Tribunal next considered whether it would be appropriate and proportionate to suspend Dr Goodchild-Simpson’s registration. It found the following paragraphs of the Sanctions Guidance to be of particular relevance:

91: “Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has
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a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.”

92: “...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).”

31. XXX in response to his failure to reflect upon or remediate his deficient professional performance, the Tribunal considers suspension would be an appropriate sanction in this case.

32. For these reasons, and having regard to its obligation to uphold public confidence in the medical profession, declare and uphold proper professional standards and conduct, the Tribunal determined that it was necessary to impose a period of suspension. In all the circumstances the Tribunal concluded that suspension appropriately balanced the public’s interests with the doctor’s own interests. The Tribunal therefore determined to suspend Dr Goodchild-Simpson’s registration.

33. The Tribunal noted it did have the option to erase XXX. However, the Tribunal XXX determined that the sanction of erasure would be disproportionate at this review.

Duration of Suspension

34. The Tribunal determined that Dr Goodchild-Simpson’s registration should be suspended for a period of 12 months.

35. The Tribunal considered that a suspension of 12 months would give Dr Goodchild-Simpson time to XXX begin remediation in relation to his performance.

Review directed

36. The Tribunal directed a review of Dr Goodchild-Simpson’s case. A review hearing will convene shortly before the end of the period of suspension, unless an early review is sought. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Goodchild-Simpson to demonstrate XXX that he has addressed the four specific areas in his performance which were found to be deficient. A letter will be sent to him about the arrangements for the review hearing. At this next hearing, the review Tribunal may be assisted if Dr Goodchild-Simpson provided:

- XXX;
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- Evidence of his reflections on his deficient professional performance, and how any learning relates to the four specific areas of deficiency identified;
- A structured PDP which specifically identifies the steps taken, or to be taken, to address the four specific areas which were previously found to be deficient;
- Evidence of the steps he has taken to keep his professional skills and knowledge up to date. This evidence might take the form of a CPD log or journal, where he has set out his learning activities, and reflections upon the relevance of this learning;
- Any references or testimonials that he may wish a reviewing Tribunal to consider;
- Dr Goodchild-Simpson will also be able to provide any other information that he considers will assist.

Determination on Immediate Order - 16/08/2019

1. At the outset of the hearing the Tribunal determined, in accordance with Rule 41XXX of the General Medical Council (GMC) Fitness to Practise Rules 2004, that the hearing be heard in private as the matters under consideration relate primarily to XXX. At the conclusion of the hearing a redacted version of this determination will be produced with those matters relating to XXX removed.

2. Having determined that Dr Goodchild-Simpson’s registration is to be suspended for a period of 12 months, the Tribunal has considered, in accordance with the Rules, whether his registration should be subject to an immediate order.

Submissions

3. On behalf of the GMC, Mr Brody, Counsel, submitted that an immediate order of suspension is required. He drew the Tribunal’s attention to paragraphs 172- 173 of the Sanctions Guidance (6 February 2018) (“the SG”). He submitted that XXX it would be in the public interest for such an order to be imposed.

4. Mr Brody also submitted that Dr Goodchild-Simpson had indicated that he has been seeking possible employment outside this jurisdiction and therefore an immediate order of suspension would provide a layer of protection.

The Tribunal’s Determination

5. The Tribunal had particular regard to paragraph 172 of SG. It has also had regard to the principle of proportionality and balanced Dr Goodchild-Simpson’s interests with the public interest. In light of the seriousness of the Tribunal’s findings in relation to Dr Goodchild-Simpson’s XXX deficient professional performance, the Tribunal has determined that an immediate order to suspend Dr Goodchild-Simpson’s registration forthwith was necessary. This would protect patients, be in the public interest and maintain public confidence in the medical profession.
6. The immediate order of suspension will remain in force until the substantive direction of suspension takes effect, or until the outcome of any appeal is decided. The substantive sanction of suspension as already announced will take effect 28 days from when written notice is deemed to have been served upon Dr Goodchild-Simpson, unless an appeal is lodged in the interim.

7. The order of conditions currently imposed on Dr Goodchild-Simpson’s registration will be revoked when written notice is deemed to have been served on Dr Goodchild-Simpson.

8. That concludes this case.

Confirmed
Date 16 August 2019

Ms Chitra Karve, Chair
1. At the outset of this hearing, Mr Brody, Counsel on behalf of the GMC, set out a number of preliminary issues for the Tribunal’s consideration, namely:

   - Dr Goodchild-Simpson’s raising of a potential conflict of interest
   - Application(s) to postpone and further application to adjourn proceedings
   - Voluntary Erasure Application
   - Legal Representation
   - GMC Application to adduce documents not yet agreed by Dr Goodchild-Simpson
   - XXX

**Conflict Of Interest**
2. Mr Brody submitted that there is no substantive basis set out by Dr Goodchild-Simpson which would underpin any suggestion of a proper reason why any member of the Tribunal would have to recuse themselves. He submitted that Dr Goodchild-Simpson makes reference to Tribunal member Mr Weigh and asks the question by email sent on 9 August 2019 if Mr Weigh is a high-ranking person with Lancashire Police, which followed the identification of the Tribunal members and providing a link to their biographies. When the email was received, a reply was sent by the MPTS to Dr Goodchild-Simpson on the same day, 9 August 2019, ‘I can confirm that according to the information we currently hold on our website Chris Weigh has worked within the Lancashire Constabulary. Should you consider this to be a conflict I have been advised that you raise this on Monday morning.’

3. Mr Brody submitted that Dr Goodchild-Simpson did not respond to that email.

4. Mr Weigh, Tribunal member, then addressed Mr Brody and confirmed that he had been a senior officer with the police force for 30 years and is now retired. Mr Weigh stated for the record: “to the best of my knowledge I have no connection with Dr Goodchild-Simpson and I do not consider there to be a conflict of interest.”

**Tribunal Decision – conflict of Interest**
5. The Tribunal has noted that Dr Goodchild-Simpson did not pursue any application as to any conflict of interest and in any event had there been a formal application the Tribunal is content that there is no actual conflict of interest and therefore Mr Weigh will remain on the Tribunal.

**Application(s) To Postpone Proceedings**
6. Mr Brody next informed the Tribunal that three applications were made by Dr Goodchild-Simpson to postpone proceedings and referred to documents, C6, C7 and C8.
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7. Mr Brody referred the Tribunal to C9, which set out the case management position on the postponement requests, namely that on 10 July 2019, Dr Goodchild-Simpson made an application to postpone his hearing. Dr Goodchild-Simpson initially requested a postponement of the hearing for at least 21 days, but subsequently invited a postponement until 2020. Dr Goodchild-Simpson also requested that any postponed hearing held in 2020 is held at the GMC’s offices in Northern Ireland. A decision on the postponement applications was sent to Dr Goodchild-Simpson on 9 August 2019.

8. In summary the postponement applications are made for the following principal reasons:

a. Dr Goodchild-Simpson has made a subject access request to the Fermoy Unit of Queen Elizabeth Hospital Kings Lynn NHS Trust for his casefile and a copy of the visitor book and CCTV. Dr Goodchild-Simpson has since contacted the Information Commissioners’ Office (ICO) for assistance.

b. Dr Goodchild-Simpson intends to make a complaint to the Parliamentary and Health Service Ombudsman (PHSO) about XXX, with regards to his Personal Development Plan.

c. Dr Goodchild-Simpson has applied to the GMC for his licence to practise to be restored, but this matter has since been resolved as Dr Goodchild-Simpson now has a licence to practise.

d. Dr Goodchild-Simpson wishes to have the opportunity to sit GP medical examinations in Northern Ireland and start a GP placement, XXX.

9. The GMC opposed the postponement request and commented that any concerns raised by Dr Goodchild-Simpson with either the ICO or PHSO are not relevant to the issues to be considered by the Tribunal. Further, that a review of whether Dr Goodchild-Simpson’s fitness to practise remains impaired ought to take place as soon as possible, XXX. The GMC noted that it would be in the interests of public safety and the public interest for the review to proceed as scheduled given Dr Goodchild-Simpson’s fitness to practise was last substantively considered in September 2017.

10. This application was refused by the Case Manager on 9 August 2019. Postponement was refused as it was not considered to be necessary or proportionate in the circumstances. In the reasons cited for the refusal, it is stated that the fact that there may not be a resolution of the issues raised by Dr Goodchild-Simpson before the Tribunal hearing took place did not amount to sufficient justification for a postponement. XXX. Similarly, the Case Manager was not persuaded that a postponement was necessary in order to allow Dr Goodchild-Simpson to undertake examinations and to commence a GP placement.
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11. On Friday 9 August 2019, Dr Goodchild-Simpson made a further request to postpone his hearing 'for Data Release Compliance outcome and witnesses probity of availability and if needed attendance'.

12. The MPTS responded to this further application by informing Dr Goodchild-Simpson that he would need to make this application before the Tribunal today.

13. XXX. Mr Brody submitted that Dr Goodchild-Simpson appears to be saying that he is not ready for this hearing.

14. Mr Brody referred the Tribunal to the application made on 18 July 2019 (C7). XXX. He submitted that these were attempts to delay and obfuscate.

15. Mr Brody submitted that "in the round there is nothing to support an adjournment” and that Dr Goodchild-Simpson cannot “frustrate the process” by stating he would like matters resolved before the hearing. The GMC’s position was set out in C9 and Mr Brody adopted the position that it is in the public interest for Dr Goodchild-Simpson’s case to be reviewed today. He referred to Dr Goodchild-Simpson’s latest application to adjourn proceedings on 9 August 2019 (C8) and invited the Tribunal to refuse this latest application.

16. The LQC advised the Tribunal that the relevant principles to be considered were that in general where a litigant in person is unable to attend due to no fault of his own, adjournment usually should be granted. However, she advised that in the case of Teinaz v Wandsworth Borough Council 2002, it was stated that it is up to the litigant to prove the need for such an adjournment.

17. The LQC advised that the Tribunal should take into account its overarching duty when making its decision. The Tribunal must also look carefully at the reasons given by the doctor for the adjournment and balance these against the public interest, which includes that the case should be dealt with as expeditiously as possible.

Tribunal Decision – Adjournment Application

18. The Tribunal regarded the request for adjournment on a range of grounds which it found were not clear. In particular, the stated need for further information did not give any indication as to why this information was relevant to these proceedings.

19. The Tribunal is not persuaded by the relevance of a number of the points made by Dr Goodchild-Simpson who has not provided clear reasons for his application.

20. Dr Goodchild-Simpson has known since at least March 2019 of the issues in this case. In its view, the Tribunal considered that the repeated requests for
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adjournments were attempts by Dr Goodchild-Simpson to frustrate the process and obfuscate.

Legal Representation

21. The Tribunal took into consideration the evidence that Dr Goodchild-Simpson has indicated that his litigation friends were not available and also that he attempted to seek to obtain legal representation from a representative in Nigeria. For various reasons the attempts came to nothing and the Tribunal noted that the attempts were made very late in the day.

22. Dr Goodchild-Simpson has known of these proceedings since before March 2019 and therefore has had ample time to have secured legal or other representation.

23. The Tribunal therefore did not consider this to be a reason not to proceed. The Tribunal considers that it would be in the public interest and in Dr Goodchild-Simpson’s own interests to draw matters to a speedy conclusion. Accordingly, the Tribunal rejects the application to adjourn.

Voluntary Erasure Application and Documents to be relied upon by the GMC

24. The Tribunal will make its observations on these matters in the determination on proceeding in absence.

Annex B: Application to Proceed in Dr’s Absence – 12 August 2019

1. Dr Goodchild-Simpson was neither present nor represented at the hearing. Mr Brody therefore made an application, pursuant to Rule 31 of the Rules, for the Tribunal to proceed to consider Dr Goodchild-Simpson’s case in his absence.

Service

2. Mr Brody first invited the Tribunal to find, in accordance with Rules 15 and 40 of the Rules, that all reasonable efforts had been made to serve Dr Goodchild-Simpson with notice of this hearing.

3. In considering whether notice of this hearing had been properly served on Dr Goodchild-Simpson, the Tribunal had regard to the various pieces of correspondence, which gives ample evidence that the GMC has served the Notice of Allegation on Dr Goodchild-Simpson and that Dr Goodchild-Simpson has received the MPTS Notice of Hearing.
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4. The Tribunal was satisfied that the Notice of Hearing contained, amongst other things, details of the date, time, and location of this hearing.

5. The Tribunal was therefore satisfied that all reasonable efforts had been made to inform Dr Goodchild-Simpson of these proceedings, and that notice of this hearing had been properly served upon him in accordance with the Rules.

Proceeding in Absence

6. In considering whether to proceed with the case in Dr Goodchild-Simpson’s absence, the Tribunal took into account the submissions made by Mr Brody on behalf of the GMC but exercised its own judgement. In accordance with the principles in R v Jones [2002] UKHL 5 and GMC v Adeogba & Visvardis [2016] EWCA Civ 162 it bore in mind that although it has the discretion to proceed to consider the case in the doctor’s absence, that discretion should be exercised with the utmost care and caution having regard to all the circumstances of which it is aware, with fairness to the practitioner being a prime consideration, but also taking into account fairness to the GMC and the overall fairness of the proceedings. The Tribunal bore in mind that in making its decision it must balance Dr Goodchild-Simpson’s interests against those of the GMC and the wider public interest.

7. In making its decision, the Tribunal bore in mind the need to protect the public. This is the Tribunal’s statutory overarching objective, which includes:

- protecting, promoting and maintaining the health, safety and well-being of the public;
- promoting and maintaining public confidence in the medical profession; and
- promoting and maintaining proper professional standards and conduct for members of that profession.

8. Mr Brody, Counsel on behalf of the GMC, submitted that Dr Goodchild-Simpson has voluntarily waived his right to be present and explained his reason for his non-attendance, namely as his submission of a voluntary erasure application to the GMC. In all the circumstances, the Tribunal should be satisfied that Dr Goodchild-Simpson is aware of these proceedings and that he has voluntarily absented himself from them.

9. The Tribunal noted that in his most recent email communication to the MPTS Case Management Team sent on 11 August 2018 at 09:55, Dr Goodchild-Simpson in which he states ‘... I will not now attend the MPTS Hearing 12-16 August 2019’.

10. The Tribunal has already heard of Dr Goodchild’s application(s) to postpone his hearing and considered his further application for an adjournment. The Tribunal
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noted that Dr Goodchild-Simpson is not legally represented and there has been some evidence of his attempts to seek representation or to be represented at the hearing.

11. The Tribunal was satisfied that whilst there may be some disadvantage to Dr Goodchild-Simpson in not being able to give his account of his current fitness to practise and make relevant oral submissions, any disadvantage to Dr Goodchild-Simpson arising out of his non-attendance at today’s hearing was outweighed by the public interest in the fair and expeditious disposal of these proceedings.

12. In any event, the Tribunal noted that Dr Goodchild-Simpson has now submitted an application for voluntary erasure on Sunday 11 August 2019 but it has not yet heard of any decision from the GMC on that application.

13. The Tribunal has determined to accept in evidence two documents which are not part of the agreed bundle. XXX. The LQC checked with Mr Brody that Dr Goodchild-Simpson had been sent the documents and if he had objected to them being placed in the bundle. Mr Brody responded that the documents had been sent to Dr Goodchild-Simpson asking whether he had any issues with them being placed in the agreed bundle, to which there had been no reply. The Tribunal decided that because of the nature of the documents, issues around admissibility did not apply and as there was no evidence that Dr Goodchild-Simpson objected to them, it accepted them in evidence.

14. In light of all the above, the Tribunal determined to exercise its discretion in accordance with Rule 31 and to proceed to consider Dr Goodchild-Simpson’s case in his absence. It was satisfied that it was in the interests of justice to do so.

Annex C: Application to Adjourn Proceedings and Participate in hearing via telephone link – 15 August 2019

1. Following the Tribunal announcing its determination on impairment on 14 August 2019 Dr Goodchild-Simpson indicated in email correspondence to the GMC and MPTS dated 14 August 2019 that he wished to make a further application to adjourn the proceedings at this stage. In the email correspondence he indicated that he would be available on 15 August 2019 between 9am and 5.30pm and provided a telephone number on which he could be contacted. The Tribunal acceded to Dr Goodchild-Simpson participating via telephone in relation to him making any submissions.

2. In summary Dr Goodchild-Simpson adjournment application was made for the following principal reasons:

- He has made a subject access request to the Fermoy Unit of Queen Elizabeth Hospital Kings Lynn NHS Trust for his casefile and a copy of the visitor book
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and CCTV. Dr Goodchild-Simpson has since contacted the Information Commissioners’ Office (ICO) for assistance;

• He wishes to obtain legal representation for these proceedings;

• He wishes to have the opportunity to sit GP medical examinations in Northern Ireland and start a GP placement or possibly practise outside the jurisdiction.

3. Mr Brody did not have any submissions to make on the applications made.

4. The LQC earlier advised the Tribunal on the previous application to adjourn proceedings on 12 August 2019 that the relevant principles to be considered were that in general where a litigant in person is unable to attend due to no fault of his own, adjournment usually should be granted. However, she advised that in the case of Teinaz v Wandsworth Borough Council 2002, it was stated that it is up to the litigant to prove the need for such an adjournment.

5. The LQC advised that the Tribunal should take into account its overarching duty when making its decision. The Tribunal must also look carefully at the reasons given by the doctor for the adjournment and balance these against the public interest, which includes that the case should be dealt with as expeditiously as possible.

Tribunal Decision

6. The Tribunal regarded the request for adjournment was on the same grounds as had been put forward by Dr Goodchild-Simpson previously.

7. As there has been no change in circumstances the Tribunal rejected the application to adjourn.

8. The Tribunal then proceeded to consider the doctors’ request to attend the hearing via telephone. They concluded that in fairness to the doctor he may do so.

9. In the event, having heard GMC submissions on sanctions, made his own submissions, and heard the advice of the LQC in relation to sanctions, Dr Goodchild-Simpson elected to leave the hearing and asked for any subsequent decisions to be sent to him via email by the GMC.