



To  
The General Medical Council  
FAO Professor Dame Carrie MacEwen  
Regent's Place  
350 Euston Road  
London  
NW1 3JN

22 September 2022

Dear Professor MacEwen,

Recent email correspondence from the GMC seeks to reassure medical practitioners that if "concern is raised about your practice, we'll always take context into account" <sup>(1)</sup>.

It is therefore a source of great concern to us as acute and general paediatricians to learn of the circumstances by which our colleague Dr Faye Hawkins has been referred to and given a warning by the Medical Practitioners Tribunal Service <sup>(2)</sup>.

This case deals with the circumstances around the tragic death of a child due to acute appendicitis presenting atypically, and it is important to learn lessons to address both individual and systemic failures. Our concern is that the GMC has not applied its own criteria in referring Dr Hawkins to the MPTS - in particular whether Dr Hawkins' conduct constitutes gross negligence or recklessness about a risk of serious harm<sup>(3)</sup>. We question the following findings of the tribunal:

We are concerned that the tribunal found breaches of good medical practice without her practice deviating from that of a body of competent general paediatricians. For example, Dr Hawkins was judged to have failed to have adequately considered reported symptoms of lethargy. Symptoms of lethargy are encountered multiple times per day in an acute paediatric unit. The term itself is ill defined and lacks a clear relation to the degree of severity of illness.

Based on the evidence in the tribunal transcript we find Dr Hawkins' assessments consistent with our practice as experienced general paediatricians - specifically that it was reasonable to make a working diagnosis of viral gastroenteritis. Similarly, assessing a child to be alert and responsive is adequate to rule out the medical definition of lethargy at the time of assessment.

We are concerned that systemic factors of the context of working in a time pressured, busy paediatric environment has not been considered when judging Dr Hawkins for omissions of re-assessment and safety netting. Tasks such as repeat observations and written safety net advice in the form of leaflets are not the sole responsibility of clinicians, but in this case Dr Hawkins has effectively been placed solely to blame for factors that involve learning from errors on a systems level.

General paediatricians are experts in the investigation and diagnosis of children with non-specific symptoms and signs, and we collaborate with other professionals including nursing staff in order to deliver optimal care<sup>(5)</sup>. We contend that it is unfair that Dr Hawkins is being judged not by a lens of a culture of learning or just culture but rather has been punished as an individual. It is evident that the checklist of questions in the NHS just culture guide provided by NHS improvement was not applied in this case<sup>(4)</sup>.

The GMC methodology for investigating this tragic case appears unsuited to a general paediatric case. The Tribunal created a list of many possible failures and then examined each point in isolation. Most of these potential failures were interrogated and found unproven, but there were a few which were considered proven and this formed the basis for the Tribunal thinking that it had a duty to protect the public from doctors like Dr Hawkins.

Acute paediatric assessments consider the whole case with all the available information to form the basis for identifying the sick child out of the much greater number of children with self limiting illnesses. The Tribunal should have asked for a general paediatric expert to say whether they thought that Dr Hawkins' assessment in the whole was unsafe or reckless. To identify a peritonitis due to perforated appendix in a patient without any clinical signs of peritonism (particular where there was no abdominal tenderness) is very challenging even for an experienced paediatrician.

In such cases it is inappropriate to systematically run through each individual and isolated element of clinical decision making without considering the overall clinical picture.

In addition to being unjust we fear that this will impact on holistic paediatric care and likely to lead to ultra defensive practice which will cause its own harm to patients.

We therefore request the GMC considers:

- 1) Reviewing the process which led to the Medical Practitioners Tribunal decision to issue the warning
- 2) Re-assuring medical practitioners that the GMC's investigatory processes are fit for purpose, fostering an open no blame culture rather than scapegoating of individuals
- 3) Working jointly with the Royal Medical Colleges and other relevant stakeholders to address the shortcomings of the current processes and develop more fair and effective ways to protect our patients
- 4) Erasing Dr Hawkins' warning from her GMC record with immediate effect

We look forward to your response in the near future.

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1) GMC News For Doctors 16/8/2022

2)<https://www.mpts-uk.org/-/media/mpts-rod-files/dr-faye-hawkins-13-jul-22.pdf>

3)<https://www.gmc-uk.org/concerns/information-for-doctors-under-investigation/our-sanctions/referral-for-a-hearing-at-the-mpts>

4)<https://www.england.nhs.uk/patient-safety/a-just-culture-guide/>

5)<https://www.rcpch.ac.uk/resources/general-paediatrics-level-3-training#:~:text=RCPCH%20Progress%20curriculum%20and%20syllabi%20for%20level%203%20training&text=Recognises%2C%20investigates%2C%20initiates%20and%20continues,of%20other%20specialists%20as%20necessary.>

C.C.

Mr Charlie Massey, Chief Executive and Registrar

Mr Anthony Omo, General Counsel and Director of Fitness to Practice

Dr Michael McKean, Vice-President for Policy, Royal College of Paediatrics and Child Health