

## OBSERVATIONS

## CHILD PROTECTION

## The GMC should be investigated over its Southall and Meadow hearings

The GMC should not support complaints from parents where it is alleged that they have abused doctors working in child protection

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Professionals Against Child Abuse welcomes the result of the latest fitness to practise hearing concerning David Southall, which found him not guilty of serious professional misconduct.<sup>1</sup>

Given the evidence, we would question how the allegations ever reached a hearing, although the same applies to the earlier matters examined in fitness to practise hearings involving Professor Southall in 2004, 2006, 2007, and 2008.

We are seriously concerned as to how the GMC repeatedly alleged charges of serious professional misconduct against Professor Southall in the above hearings—as we were with its decision to discipline Roy Meadow in 2005.<sup>2-4</sup>

Both professors of paediatrics are internationally recognised experts in fabricated and induced illness. They were tried as much by politicians and the media as by the GMC, whose fitness to practise panels ordered their erasure from the medical register. Both successfully appealed and were returned to the medical register.

We are strongly critical of the alleged “expert” advice that the GMC used in deciding to hold hearings in both these cases. In the latest hearing, the GMC pursued complaints by parents of children about whom Professor Southall had given evidence that was intended to help social services protect the children. For reasons best known to themselves, the GMC and its expert pursued new complaints relating to administrative matters on issues such as record keeping and filing, which did no harm to the children or other parties. The hearing could have led to a potential finding of serious professional misconduct and erasure from the register.

In one case, David Southall copied a letter concerning a child from South Wales to a paediatrician in Gwent without the parents’ permission—the GMC had already found in 2007 that this breached confidentiality. This is despite the fact that the referring consultant from Great Ormond Street Hospital for Children, Dr Dinwiddie, to whom the letter was primarily addressed, later copied correspondence to an “unnamed” community physician in Gwent and that a Social Services child

protection case conference also made recommendations to let “local hospitals” in Gwent know what was happening.

In the second case, correspondence was found in David Southall’s departmental file and not in the main hospital records, long after the child was discharged and highly unlikely to return. The panel found in 2007 that this breached the integrity of medical records in North Staffordshire, even though the child was being followed in Berkshire and London and the correspondence was being copied to David Southall predominantly for courtesy purposes.

In both these cases pursuit of the complaint was supported by the GMC’s expert, who had also been called by parents as an expert witness in the case against Professor Meadow and had previously published criticism of Professor Southall’s work.<sup>5</sup> However, he did not give evidence in the latest hearing to decide on the seriousness of the panel’s findings.

Since August 2009 the GMC has been able to close a complaint if it is thought to be vexatious. Yet what doctors will understand from the GMC’s actions against Professor Southall is that the GMC may pursue complaints from parents in alleged child abuse cases and will threaten the doctor’s career and personal life. It would seem that the GMC’s motive for progressing to hearings is not based on the seriousness of the alleged errors but more on the media and political reaction. Throughout all these cases the honesty and good faith of David Southall and Roy Meadow have never been questioned; yet the sanction of erasure that they both received was clearly disproportionate when compared, for example, with doctors who access child abuse media (pornography), who receive far lower sanctions.<sup>6</sup>

The effects of the GMC’s actions against two high profile experts has been worryingly damaging to child protection. Paediatricians at all levels have become less willing to engage with child protection cases, and those who do are more likely to prepare reports that sit on the fence and do not help direct the courts. Although the GMC hearings have damaged the professional and personal lives of David Southall and Roy Meadow, it is vulnerable children who are likely to have suffered

the most, because doctors will have been less willing to protect them.

At the 2008 annual general meeting of the Royal College of Paediatrics and Child Health members voted overwhelmingly in support of the motion that the college had grave concerns over the GMC's procedures for dealing with cases related to child protection. The GMC is soon to close its own consultation on guidance to doctors in matters relating to child protection. However, although this draft guidance deals with communicating with parents, it is short on the matter of the difficulties faced by paediatricians when parents deceive doctors or use complaints to the GMC as a means of dealing with allegations against them. Doctors dealing with child protection have become sadly too familiar with these scenarios, yet the GMC has clearly chosen to act on behalf of parents rather than to understand the needs of children. Until the GMC shows such understanding, paediatricians will remain wary of involvement in such cases and children will suffer.

We now believe that the GMC should be subject to an independent inquiry to examine how decisions were made that led to these inappropriate hearings so that in the future the GMC will not support complaints from parents where it is alleged that they have abused doctors and thus deter engagement in child protection. We submitted a lengthy complaint about the GMC's actions to the parliamentary health select committee in 2008, but this matter was not seen as a priority. However, with the conclusion of the GMC's cases against Professor Southall, a full and proper external inquiry now needs to be undertaken.

Politicians are quick to react to reflect public anger in prominent cases where there has been failure to protect a child, but they showed no concern when two of the most prominent figures in child protection are subject to regulatory abuse with the consequent effects on child protection. *Hansard* shows that politicians went so far as to deny the existence of fabricated and induced illness.

We believe that the GMC also needs to be more transparent in its selection of experts to avoid inappropriate inquiries in child protection cases. Finally, Professionals Against Child Abuse considers that the GMC should now apologise to Roy Meadow and David Southall for the disciplinary actions against them, which have so unjustly damaged their professional reputations and careers.

Competing interests: None declared.

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- 3 Jenny C. The intimidation of British paediatricians. *Pediatrics* 2007;119:797-9.
- 4 Williams C. United Kingdom General Medical Council fails child protection. *Pediatrics* 2007;119:800-2.
- 5 David TJ. Spying on mothers. *Lancet* 1994;344:133.
- 6 Dyer C. GMC is tougher on child protection doctors than on those who access child porn, conference hears. *BMJ* 2010;341:c6562.

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