Case No : 14317

IN THE FAMILY HEALTH SERVICES APPEAL AUTHORITY

BETWEEN:-

DOCTOR V S CHIANG
(GMC NUMBER 2209980)

Appellant

-and-

THE BRIGHTON AND HOVE CITY PRIMARY CARE TRUST

Respondent

DETERMINATION

Venue: The National Health Service Litigation Authority, Holborn, London

Date: 11th July 2008

Panel Members

Chair - Miss K Rea
Professional Member - Doctor J Lorimar
Lay Member - Mrs L White

Parties Present

Hearing Clerk
Appellant was absent but represented as follows:- Mr Hyam, Counsel instructed by Ms Sophie Lewis of Radcliffes Le Brasseur Solicitors
Respondent was present and represented by Mr Iain Daniels, Counsel instructed by Ms Nadir Persuad of Bevan Britton Solicitors

Respondent Witnesses

Dr P Phillips

This is an Appeal against the Brighton & Hove City PCT's Decision of the 16th January 2008, by a letter dated 17th January 2008 (received by the Appellant on the 25th January 2008) in which the PCT refused the Appellant's application to be included on their Performer's List. The Appellant's Notice of Appeal is dated the 21st February 2008.

The Panel has been supplied with a Bundle and the Grounds of the Appeal are to be found at pages A1–2. This was supplemented by a submission in support of the Appeal dated 20th June 2008.

In short, the Appellant states that the conclusion of the PCT was perverse and disproportionate. The PCT refused the Appellant's application to be included on the Performer's List under Regulation 6(1)(a) and (e) of the National Health Service Performer's Lists Regulations 2004 ("the Regulations"). The refusal was on the grounds both of unsuitability and that admitting the Appellant would be prejudicial to the efficiency of the services:-

"*6(1) the grounds on which the Primary Care Trust may refuse to include a Performer in its Performer's List are, in addition to any prescribed in the relevant Part, that:-*

"(a) Having considered the declaration required by Regulation 4(4) and (if applicable) Regulation 4(5), and any other information or documents in its possession relating to him, considers that he is unsuitable to be included in its Performer's List; … (e) there are any grounds for considering that admitting him to its Performer's List would be prejudicial to the efficiency of the services, which those included in that List performed"

Regulation 4 outlines the contents of an applicant's application form including previous professional experience, referee details, information about other previous equivalent list movements or actions, as well as providing undertakings, certification and consents. In addition, the applicant has to cooperate with the PCT in relation to checking any criminal records procedure and any assessment required as to competences.
The Respondent's letter dated the 17th January 2008 stated that the application had been refused for the following reasons:-

"*in reaching this decision the Panel took into account the nature of the incidents that have occurred since you originally joined the PCT's Performer's List in 2000. Specifically these comprise:-*
Pursuing an improper relationship with a patient (GMC Fitness to Practice Determination July 2007)

Conducting consultations and administering treatments to patients whilst suspended (GMC Fitness to Practice Determination July 2007)

Incorrect administration of childhood vaccinations (GMC Fitness to Practice Determination July 2007)

The above average number of complaints received from patients, colleagues and staff

Poor QOF performance"

The history of the matter

Complaints of the Appellant's clinical performance, attitude and manner were first made in the year 2000 and these are found in the bundle at pages 169 to 170. The National Clinical Assessment Authority (NCAA) intervened in November 2003 and instituted a draft Action Plan after its findings (pages 42 to 45 of the Bundle).

The allegations of inappropriate behaviour by a patient, DK, were made and as a result the Appellant was suspended from the Brighton & Hove City PCT Performer's List on 22nd June 2005 under Regulation 13(1)(b) of the Regulations. The case was referred to the General Medical Council (GMC).

In November 2005 concerns arose with regard to the Appellant administering paediatric vaccinations incorrectly (see pages 11 to 41 of the Bundle). The PCT reported this clinical matter and also whilst working under suspension as matters that required investigation by the GMC. On the 28th and 29th December 2005 the Respondent determined that the Appellant had falsified the name of another General Practitioner, a Dr Fidal, in relation to two consultations made by the Appellant (see the Bundle at page 173).

On the 9th May 2006 the Respondent found (save two) all allegations proved and determined to contingently remove the Appellant under Regulation 12(1) and (2)(a) of the Regulations (pages 5-6 of the Bundle).

Regulation 12 refers to contingent removal and states as follows:-

"*12-(1) in an efficiency case or a fraud case the Primary Care Trust may, instead of deciding to remove a performer from its Performer's List, decide to remove him contingently*

(2) if it so decides, it must impose such conditions as it may decide on its inclusion in its Performer's List with a view to – (a) removing any prejudice to the efficiency of the services in question (in an efficiency case) …"

At this stage the case was only an efficiency case. The purpose of the contingent removal was to "strengthen" the effect of the Interim Suspension made under Regulation 13 and pending the outcome of the GMC Hearing and to "reinforce" the protection of patients.

On the 26th July 2007 the GMC determined the case against the Appellant. The case consisted of allegations of working whilst under suspension, the matter of the incorrect paediatric vaccination administration and the inappropriate relationship with a vulnerable patient. The GMC Panel's decision was found in the bundle at pages 46 – 61. The Panel

determined that the first two matters were of a minor nature with explanations that could be deemed reasonable and the third matter was the more serious matter. However, put into the context of the mitigation provided by the Appellant, the GMC Panel determined to suspend the Appellant from practice for 28 days. The effect of that was that the 28 day Suspension commenced one month after the date of the determination (to allow for a 28 day Appeal Period) and therefore the period of suspension ended on or about 26th or 27th September 2007.

In the meantime, the Respondent removed the Appellant from its Performer's List on the 28th August 2007 on the basis of the GMC's Decision under Regulation 26(1)(c) of the Regulations. This states as follows:-

"*26-1 Subject to paragraph (2) and in addition to the grounds in Regulation 10(1) the Primary Care Trust must remove a medical practitioner from its Medical Performer's List where it becomes aware that he is - …*

(c) following the coming into force of Article 13 of the 2002 Order, the subject of a direction by a Fitness to Practice Panel for erasure or immediate suspension under s.35(D)(2)(a) or (b), 5(a) or (b), 10 (a) or (b), 12 (a) or (b) (functions of a Fitness to Practice Panel), or s.38(1) (Power to Order Immediate Suspension etc of that Act;"

The Appellant sought to rejoin the Performer's List on the 3rd January 2008 with an application form dated the 10th October 2007. The application form, with references, is found at pages 77-79 of the Bundle.

The Respondent also referred to the Department of Health Guidelines at paragraph 12 in addition to Regulation 6(1)(a) and (e) of the Regulations. Paragraph 12 of the Department of Health document states as follows:-

"*12.1 Each PCT is responsible for ensuring that any doctor it admits to its Performer's List has the necessary clinical skills and experience to perform primary medical services. Assessment of each application should take into account the information and declarations made by the doctor, any additional information provided by the doctor and any other information that the PCT has in its possession that it considers relevant. It should be based on the following criteria:-*

Whether the doctor is suitably experienced
Whether the doctor is suitably qualified.
Whether the doctor is an appropriate person to deliver healthcare and treatment to the PCT's patients

Whether the doctor is free from regulatory body sanctions, PCT suspensions or national disqualifications …"

The Hearing before this Panel is by way of a re-determination under Regulation 15 of the Regulations:-

"*15(1) A performer may appeal (by way of re-determination) to the FHSAA against a decision of a Primary Care Trust and PCT mentioned in paragraph (2) by giving notice to the FHSAA*

(2) The Primary Care Trust decisions in question are decisions –
(a) to refuse admission to a Performer's List under Regulation 6(1)
(b) to impose a particular condition under Regulation 8 …"

The matter of Conditional Inclusion applies only to efficiency cases. In addition the Panel may permit the performer to join the Performer's List without any conditions.

Further, the Panel may impose of its own volition a National Disqualification on the Appellant under both section 49(3)(n) and (6)(a)(b), (7) and (8)(a) and (b) of the Health & Social Care Act 2001 as well as Regulation 16(7) of the Regulations.

The Panel is governed by the Family Health Services Appeal Authority Procedure Rules 2001.

The Panel has read the Bundle provided to it, pages 1 – 168 which are the only papers that were before the PCT Panel. The remaining papers in this Panel's Bundle were disregarded by this Panel in light of its previous ruling on 19th May 2008 and in light of the fact that it should only have papers before it from the Respondent that were before the PCT. In addition, it has had a witness statement from Dr Patricia Phillips dated 12th May 2008 as well as the Appellant's Bundle of pages numbered A1-A10. As stated the Panel has read and taken into account the outlined submissions in support of the Appellant's Appeal as well as the Bundle of references provided to it on the 11th July 2008. Further, the Panel has taken into account the Respondent's opening submission and its further written submissions dated the 18th May and 1st July 2008 respectively.

The Panel heard the evidence of Dr Phillips, as well as submissions from both Counsel. It has paid regard to the Regulations in the way stated at the Hearing and has not departed from that in its deliberations. At all times it exercised the principle of proportionality balancing on the one side the protection of the public and the wider public interest, which is public confidence in the profession and in the regulatory process and the upholding and maintaining of the standards of the profession, against on the other side, the Appellant's own interests in

both a fair hearing and being able to resume practice, whether restricted or unrestricted in his chosen profession.

The decisions

The Panel noted that the General Medical Council concluded that the Registrant's contact with patient DK demonstrated a serious lack of judgment on his part. The GMC further noted that although the Appellant's personal situation at the time may have increased his own vulnerability it did not alter the gravamen of his actions.

The Panel further noted the GMC Panel concluded that the Appellant had offered to write directly to the patient to apologise for his behaviour and any distress that she may have suffered as a result. The GMC Panel also took into account the apologies that he had made during the Hearing which took place over 4 days. This Panel noted that the GMC Panel were clear that he had been full of remorse for his actions and which were entirely out of character, taking place during a traumatic period in his life. The GMC Panel were "in no doubt" that his remorse and regret were genuine, that he had "full insight" into his actions and there was "little risk" of him behaving in a similar fashion again.

The GMC Panel went on to state that the misconduct in relation to the patient was a single error of judgment on his part and that his relationship with the patient was brief, that he desisted immediately once she had made her feelings clear to him and that they had taken place during a particularly traumatic period in his life when his marriage was in the process of breaking down and when he was under considerable pressure at work. In addition, by the time the GMC Panel sanctioned the Appellant, he had already been suspended by the Respondent for over 2 years. The GMC Panel also noted that the Appellant had no other findings against him in relation to GMC proceedings.

This Panel noted in particular that because of the "extensive mitigation" submitted on his behalf, the strength of feeling amongst his patients, his genuine expressions of regret and remorse and the insight that the Appellant had shown, the GMC Panel determined to keep the period of suspension to a "minimum necessary to maintain public confidence in the profession and to declare and uphold proper standards". That period was for one month. This Panel has taken the view that the Appellant received a short sanction of Suspension to which was *not* attached either an immediate period of suspension to cover the Appeal period for the GMC findings or any review. The GMC Panel was of the view that, by reason of the insight that the Appellant had shown to the GMC Panel, "*no purpose would be served by holding any review before the end of the period of suspension*". The GMC Panel had no concerns regarding patient safety and therefore was not minded to order an immediate suspension order.

The Respondent in this Appeal has argued that this Panel should not place too great weight on the conclusions of the GMC Panel, as the Appellant was found guilty of misconduct in relation to the improper relationship with his patient and that in being found guilty of that and in being sanctioned to a sanction at the upper end of the scale by the GMC, this even standing alone is sufficient to put the Appellant into the category of being unsuitable to be included in the Respondent Performer's List.

Equally, though, the Respondent sought to rely on the GMC Fitness to Practice Determination of July 2007 and in particular, made that clear in its letter of 17th January 2008 to the Appellant informing him of its decision under Regulation 6.

This Panel is of the view that the matters raised in the GMC Determination are sufficiently important to be taken into account by this Panel. This Panel is of the view that after a full 4 day oral hearing, the GMC Panel was able to conclude on the level of seriousness of this particular allegation in far greater detail and with greater understanding and insight than did the PCT Panel when it made its' decision in January 2008. The Appellant was not able or in a position to put the matters fully before the PCT Panel in the way that he did do so before the GMC Panel. It is clear to this Panel that the PCT paid considerable regard to the findings of the GMC Panel but at the same time did not explore in any greater detail the matters raised in the Determination that would ordinarily invoke greater curiosity as to why the GMC Panel reached the conclusion, (in this Panel's view, an unusual conclusion) that a simple 28 day Suspension period would be all that was required to be a proportionate sanction in the circumstances of the case of the inappropriate contact with DK.

This Panel was particularly concerned that the Department of Health "Primary Medical Performer's List – "Delivering Quality in Primary Care" document referred to by the Respondent in its submissions in this Appeal at paragraph 13.3 states that: "*applications for admission include consent for the GMC to release information about the doctor, such as decisions of the GMC's Fitness to Practice committees. It is open to a PCT to inquire of both a doctor and the GMC about the medical history that may be relevant …*". By analogy to a medical history (which was not the situation in the Appellant's case), it is this Panel's view that the PCT could have sought information about the nature of the decision in the form of a transcript of the hearing so as to fully understand why the GMC Panel came to the conclusion that it did. Notwithstanding that, however, it is clear to this Panel that the GMC Panel were extremely impressed by the Appellant's remorse, regret, full insight and low risk to patients.

Even standing alone, this Panel takes the view that it has read nothing, in particular from the GMC Determinations, that shows that the Appellant is "*unsuitable*" to be included in the Performer's List on the grounds of the improper relationship with patient DK, in light of the

facts that have been clearly and expressly articulated by the GMC Panel. These facts have not been enlarged upon in any more serious way anywhere else in the documentation that this Panel has before it and as provided by the Respondent in support of its case.

Therefore, the Panel has determined for the reasons stated that the Appellant's pursuance of an improper relationship with patient DK does not make him unsuitable to be included in the Respondent Performer's List.

The Panel noted that the General Medical Council Panel did not find proved that the Appellant's consultations and administration of treatment to 3 patients during his suspension period was "*not in the best interests of patients*".
The GMC Panel recognised the fact that the Appellant was trying to act as the Practice Manager and that his life was not going well with difficulties in his marriage. The allegation of the Appellant falsifying the name of Dr Fidal in relation to two consultations made by him, the Appellant, was described by the GMC Panel as being something that the Panel could not condone but that it could understand his reasons for them.
The GMC Panel noted that he had been entirely open about the treatment provided and made no attempt to conceal his actions at the time, documenting them fully in the patient's notes. The GMC Panel accepted his evidence that he believed he was acting at all times in the patient's best interests and that he considered it appropriate to take those procedures in an attempt to avoid further pain or inconvenience to the patients involved and to reduce the burden on the locum, Dr Fidal. The GMC Panel was of the view that the Appellant was put in a difficult position by being expected to manage and work within the practice from which he had been suspended as a doctor and that the situation was exacerbated by the absence of a Practice Nurse during that period.

This Panel found the evidence of Dr Phillips in this respect to be unconvincing and coloured by the report of Dr Scanlon, who was not present at the PCT hearing (he had deliberately removed himself from that hearing), but who had produced a report (see pages 1-8 of the Bundle) for the PCT Hearing in January 2008 (the Scanlon Report).
This Panel has found that report to be one based on information some of which was not before the PCT Panel and is still not before this Panel now. The Scanlon report refers to a number of matters that were then, and remain, unsupported and also has as its background a degree of information not relevant to any Panel, such as the probable unreliable comments of the Appellant's wife (now ex-wife) when the Appellant and his wife were going through marriage difficulties.
Further, this Panel found that the lack of consistency between what was found by the GMC Panel after 4 days of evidence on, for example, the matter of the Appellant's use of Dr Fidal, with the findings of the Respondent on the 9th May 2006 when it made a finding of dishonesty in relation to that matter, was disturbing. With such a drastic contrast in findings, this Panel is

of the view that it should have been incumbent upon the PCT Panel to have called for more evidence in any form to properly show what the true position was.

In relation to the incorrect administration of childhood vaccinations, the Respondent once again referred to the GMC's Fitness to Practice Determination of July 2007 in its letter to the Appellant on 17th January 2008. Again in this Hearing it sought to downgrade or diminish the comments made in that Determination but also to state that it was entitled to take wider view and to take into account the cumulative effect of that. The effect was that the Respondent's submission gave the impression to this Panel that this Panel should place much less weight on the GMC findings and conclusions than the Respondent gave the appearance of doing in its letter of decision of the 17th January 2008 in relation to the first three allegations.

The GMC's Panel noted that the risk of mixing the vaccines was "purely theoretical" and that "no harm" came to the patients as a result of the Appellant's actions, although the babies had been given repeat vaccinations as a precaution.

This Panel is of the view that the letters that went out to General Practitioners about the danger of mixing vaccinations was in 1999, at a time before this Appellant was in general practice at the Respondent PCT's premises. He only took that practice over in 2000 and his prior appointment in the Prison Service would have meant he would not have known about the guidance as he was not then in general practice. Moreover the "Green Book" did not make mention of the fact that the vaccination should not be mixed with other single vaccines. The Respondent's argument that this General Practitioner should have known that in any event is flawed because of his past working history (and see page 49 of the Bundle).
Therefore, in relation to the matter of conducting consultations and administering treatment to patients whilst suspended, this Panel is of the view that, whilst this took place, the explanation of why that happened combined with the circumstances the Appellant found himself in at the time, does not lead this Panel to consider that this is a sufficiently good reason for concluding that the Appellant's presence on the Performer's List would be prejudicial to the efficiency of the services. Moreover, this Panel is also of the view that as no harm came to patients and that the Appellant was understandably ignorant of the information about the mixing of vaccinations, this also is not a matter that shows that the Appellant's presence on the Performer's List would be prejudicial to the efficiency of the services.

In relation to the above average number of complaints received from patients, colleagues and staff, this Panel is of the view that the Respondent PCT placed too great weight on the Scanlon Report which, in respect of the number of complaints was vague, non-specific and out of date. There was no evidence in this Panel's view as to what those complaints were by way of identifying each and every one, how serious they were and indeed whether or not they had been upheld. Any complaints that were referred to in the Scanlon report were old and

were very much reduced by 2001/2002. Furthermore, the Panel was of the view that these complaints, by reason of their non-specification in the Scanlon report, could have been about anything in the practice, including the Appellant's ex-wife, who, on the documentation before the Panel, was clearly somebody who was causing some difficulties with patients.

The Panel noted that the May 2001 mediation culminated in the Public Health Directorate being advised to follow up telephone advice to doctors with electronic communication, thus indicating that other bodies had some part to play in the difficulties that had arisen with the Appellant in 2000.

The Panel was told by Dr Phillips that at the 16th January 2008 hearing, the PCT Panel was informed that the detail of the complaints against the Appellant were in the building but that neither she nor the Panel asked to see them. Those documents are still not before this Panel. This Panel believes that it was important that they were seen by the PCT Panel, so that it could satisfy itself as to the exact number, nature, dates and seriousness of the complaints. This was not done or facilitated by the PCT in or for the January hearing. The PCT documents that this Panel has are the same (and should be so) as in the original hearing and so this Panel cannot satisfy itself as to the exact number, nature, dates and seriousness of the complaints.

Furthermore, Dr Scanlon reports at page 2 of his report that throughout 2002 the number of the complaints were "above average" but does not support this with any detail or statistic.

The National Clinical Assessment Authority (NCAA) finding in November 2003 culminated in an agreed action plan in May 2004 and the Appellant's strengths and weaknesses were identified. The actions recommended were "largely delivered" save for a Deanery mentor. The Appellant stated that he would not pay for that and yet the NCAA recommended the PCT to remunerate the mentor (see page 45 of the Bundle). The NCAA also recommended that a mentor should be recommended by the Appellant himself, at page 44 of the bundle, and, whilst a mentor was clearly obtained at some point, by November 2005 the Deanery was enquiring whether the PCT was willing to pay for mentoring support that "the Deanery had been providing" to the Appellant as he had refused to pay.
The Panel can see how the confusion ensued in light of the NCAA's recommendations. This Panel is not clear whether the PCT, having agreed to remunerate the mentor then decided not to do so or to foreshorten payment. Therefore, it is not known how long the Appellant had been under mentoring and the Panel was of the view that at least the Deanery thought that the PCT should have funded that. In any event, the Panel was of the view that the NCAA recommendations were complied with.

Therefore, the Panel is of the view for the reasons stated that there is no evidence before it that there were an above average number of complaints in terms of the detail, how serious they were and whether they were upheld.

Therefore, again, the Panel is of the view that this allegation does not lead to the Panel concluding that the Appellant's presence on the Performer's List would be prejudicial to the efficiency of the services.

The poor QOF (Quality and Outcome Framework) performance were scores representing the work of the locums and not the Appellant. Although the Panel recognises that, as principal in the practice, the Appellant was responsible for these locums, this was a very difficult time for the Appellant as he had been marginalised and was in a very difficult position, acting as he was at the time, at arms length. Moreover, the Panel noted that Dr Phillips had stated that his scores were 1,000 or more, which was close to the maximum. When locums were employed, the QOF points scores were significantly lower. Dr Phillips agreed that the Appellant's personal scores were near the top. She further agreed to Panel questioning that the Appellant had been suspended despite his good scores.

In this Panel's view those conclusions do not support a decision that the Appellant's presence on the Performers' List was prejudicial to the efficiency of the services. In this Panel's view, although he was responsible for his locums, his previous high scores is something that should be taken into consideration and this Panel has done so. This Panel does not consider that the Appellant performed poorly in his QOF scores and does not find this allegation sustained.

To that end the Panel, again, does not consider that the Appellant's presence on the Respondent's Performer's List for that reason would be prejudicial to the efficiency of the services.

The Panel has taken into account the fact that any admission to a Performer's List under Regulation 6 of the Regulations entitles the PCT to take into account a very wide ranging number of events or circumstances. It has to be taken into account very fully that the GMC Panel were dealing with just 3 of the 5 reasons given by the PCT in its letter of 17th January 2008. Notwithstanding that, it was submitted to this Panel that those three reasons were the strongest of the reasons for its decision. This Panel agrees with that and, to that end, notes that the PCT must have placed considerable weight on the GMC's Fitness to Practice Determination of July 2007, referring to it in the way that it did in its letter of 17th January 2008. In light of the GMC's findings in its Determination, this Panel finds the PCT Panel's decisions to have been inconsistent and perverse. Indeed, in hearing from Dr Phillips, it is of the view that the Appellant is not unsuitable and that his admission to the Respondent's Performer's List would not be prejudicial to the efficiency of the services.

This Panel has determined that it is not necessary to make a decision on the point raised by the Appellant and argued by Respondent in relation to the interpretation of the Medical Act s.32D. The decision of the PCT to mandatorily remove the Appellant from its Performer's List under Regulation 26 of the Regulations is one that was made prior to the matter upon which the Appellant appeals to this Panel. Therefore, this Panel does not feel it has any jurisdiction to make any determination on this matter. It is a matter that could have been dealt with elsewhere.

The Panel also noted that Dr Phillips stated that the PCT Panel had not seen the references and the petition which this Panel has before it from the Appellant. It is always important, in this Panel's view, to ensure that there is fairness in any hearing, particularly where the Appellant is not represented and where the Panel is only relying on documentary evidence as with the PCT Panel in January 2008. This Panel has been very impressed by the references and testimonials as well as by the petition and is of the view that had the Respondent PCT Panel seen these, they might have come to a different conclusion.

Having balanced public protection and the wider public interest including public confidence in the profession and in the regulatory process and in the upholding and maintaining of standards in the profession against the interests of the registrant in being able to assume practice whether restricted or unrestricted in his chosen profession, this Panel is of the view that this Appellant is clearly able to practice as a General Practitioner in a way that would not be prejudicial to the efficiency of the services and that he is not unsuitable. In the Panel's view, the wider community would benefit more from the Appellant remaining in practice, even if restricted, than out of practice. It is this Panel's view that it is in the public interest for such a practitioner to remain in practice, even if restricted.

Therefore, this Panel has determined that the proportionate outcome on the evidence before it in this hearing is that the Appellant shall be admitted to the Respondent's Performer's List conditionally (conditional inclusion).

The Appellant shall be permitted to be included on the Respondent's Performer's List upon the following conditions:-

(1) The Appellant shall engage with the Deanery and the Respondent PCT to agree an appropriate Returner's Programme to be funded by the PCT;

(2) The Appellant shall satisfactorily complete the said programme prior to returning to unsupervised clinical work;

(3) The Appellant shall ensure that when he moves back into unsupervised practice, he obtains the support of a suitable General Practitioner mentor, approved and funded by the Respondent PCT and this shall be for a period of 6 months;

(4) The Appellant shall cooperate with the Respondent PCT on its review of his practice by way of appraisal at the end of 6 months of unsupervised practice.

Dated

MISS K REA, CHAIR

DOCTOR J LORIMER, PROFESSIONAL MEMBER

MRS L WHITE, LAY MEMBER

Case No: 143179

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(GMC NUMBER 2209980)

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DETERMINATION
