Exclusively Employment Law Solicitors

pjhlaw

Charlie Massey
Chief Executive
GMC

011/PH/2775
7 December 2021

Via Email: Charlie.massey@gmc-uk.org

Dear Mr Massey

Re: Complaint Number: E2-7599ZL
Complaint about Dr Hilary Jones: GMC reference 2298102
Clients: Anonymous and Dr Sam White

I am instructed by a client who wishes to remain anonymous who lodged complaint number **E2-7599ZL** with the GMC on 12 August 2021.

This complaint is about a Doctor registered with the GMC, Dr Hilary Jones, who appears on Good Morning Britain [GMB].

I am also instructed by Dr White to highlight the deficiencies and discepancies in the approach the GMC took regarding the complaints made about Dr White and the approach the GMC took regarding the complaint made about Dr Jones.

The complaint made under complaint number **E2-7599ZL** was about comments made by Dr Jones on Good Morning Britain on 12 July 2021.

Under section 35C (2) of the Medical Act 1983 the GMC is legally bound to refer a registered Doctor to the Registrar for appearance at a Medical Practictioners' Tribunal Service [MPTS] if there is evidence of:

Email mail@pjhlaw.co.uk
Web www.pjhlaw.co.uk

Head office
18A Maiden Lane,
Stamford, Lincolnshire,
PE9 2AZ

Tel 01780 757589
Fax 0844 8505806

Principal
Philip Hyland

Solicitors
Liam P ke
Samantha Crombie
Joe Hyland

Trainee Solicitors
Alex McCormick
Teresa Valente

Lexcel
Legal Practice Quality Mark
Law Society Accredited

PJH Law is authorised and regulated by the Solicitors Regulation Authority under number 571808

(a) Misconduct or
(b) Deficient Professional Perfromance.

By email dated 16 November 2021 the GMC decided to take no further action regarding the complaint made against Dr Jones.

The redacted email from the GMC rejecting the complaint against Dr Jones is appended.

The grounds relied upon by the GMC for taking no action were deficient and erred in law. The GMC asked and answered the wrong questions in arriving at the decision.

Rather than asking whether the complainant had presented sufficient evidence that Dr Jones posed a risk to patient safety the GMC investigator asked whether Dr Jones' comments were **offensive**.

The GMC has applied the wrong legal test. This is a gross abdication of the GMC's legal duty to protect the public from Doctors that pose a risk to patient safety. On the evidence presented to you there were sufficient grounds for an IOT referral for Dr Jones.

My anonymous client would in the first instance invite you to review your decision, correct your errors and instigate an investigation into Dr Jones.

If the public is going to have confidence in the regulation of Doctors it needs to see the regulator correct obvious mistakes.

It would also be helpful to restore public confidence if the regulator showed some insight, admitted its mistakes and complied with its duty of candour.

That's what the GMC expects from Doctors.That's the standard the GMC should be held to.

The judgment in White v GMC[1] provides helpful guidance as to the GMC's role regarding published statements made by Doctors.

In particular the Honourable Mr Justice Dove made clear what the correct approach to take was. The Interim Orders Tribunal [IOT] before they imposed any restrictions on free speech should have considered whether the free speech was such that a Fitness to Practice hearing would have more likely than not found the comments a risk to patient safety [my emphasis]:

> *"Section 12(3) makes the likelihood of success at the trial an essential element in the court's consideration of whether to make an interim order... There can be no single, rigid standard governing all applications for interim restraint orders. Rather, on its proper construction the effect of s12(3) is that the court is not to make an interim restraint order* ***unless satisfied the applicant's prospects of success at the trial are sufficiently favourable to justify such an order being made in the particular circumstances*** *of the case. As to what degree of likelihood makes the prospects of success "****sufficiently favourable****", the general approach should be that courts will be exceedingly slow to make interim restraint orders where the applicant has not satisfied the court he will probably ("more likely than not") succeed at the trial"*

The corrrect process that should have been followed by the GMC regarding the complaint made against Dr Jones was:

---

[1] https://www.judiciary.uk/wp-content/uploads/2021/12/White-v-GMC-judgment-031221.pdf

1. Do Dr Jones' comments pose a risk to patient safety?
2. If so, is the GMC more likely than not to succeed at a Fitness to Practice Hearing that Dr Jones made misleading and or untrue statements which posed a risk to patient safety?

Had the GMC addressed its mind properly to the issues at hand they would have answered all of the questions in accordance with the presented evidence and referred Dr Jones to an IOT for further action.

The GMC's decision not to take further action against Dr Jones contrasts with the heavy handed and unlawful approach it took in Dr White's case.

Dr White's comments were supported by a body of medical opinion, expert witness testimony and posed no risk to patients.

Instead Dr White raised serious concerns about:

1. Avoidable harm being caused to the public;
2. The lack of fully informed consent for vaccines still in clinical trial;
3. The safety of masks in non clinical settings;
4. And the continued denial of access to safe and proven therapeutics like Ivermectin.

A Doctor must be able to raise concerns about patient safety and systemic failings without being subject to regulatory investigation.

If a Doctor who is raising genuine and evidence based concerns about patient safety is muzzled by the GMC, who's the regulator protecting?

The High Court has found that there was an error of law in the approach taken by the GMC and the IOT in Dr White's case. Dr White's human rights were not taken into account.

The decision taken by the GMC to take no further action against Dr Jones is unlawful when compared to the action taken against Dr Sam White. There is a legal duty on the GMC to act consistently, fairly and equitably.

Complaints made about Dr Sam White were investigated despite not being accompanied by any supporting evidence that Dr White had breached any GMC principles.

The GMC procedure does not allow for any complainant to be identified. Dr White's video reached over 1 million views and the GMC acted upon 18 anonymised complaints of alleged 'misinformation.'

The complaints that were generated against Dr White had a very similar wording and appeared to be orchestrated against him to silence him.

The MPTS IOT imposed conditions on Dr White's practice despite the overwhelming evidence bundle submitted by Dr White to the IOT.

The IOT began proceedings by stating that they did not consider evidence, but did in fact make a decision of fact that what Dr White said was 'misinformation'- without any burden of responsibility to prove this.

The IOT was nevertheless content to contravene Dr White's human rights. More importantly the GMC's actions did not show any support for a whistleblower. Whistleblowers should have their concerns investigated.Whistleblowers should be protected as the Staffordshire enquiry made clear. Lessons that were said to be learnt by the Staffordshire enquiry need to be acted on.

In Dr White's case all Dr White's claims are and were backed up by supporting clinical and scientific evidence. This is a point made at paragraph 7 of the High Court judgment.

This is in stark contrast to Dr Jones. The complaint lodged against Dr Jones referenced evidence that contradicted Dr Jones' broadcast statements.

Dr Jones made untrue and unevidenced comments about the vaccine's safety and efficacy as well as the material risks from covid and the vaccines.

Those comments reached a far wider audience than Dr White's. Dr Jones **currently** has far greater influence than Dr White.

Dr Jones poses a risk to patient safety by making untrue statements on GMB.

Further he has damaged the reputation of Doctors by broadcasting statements that generated over 1400 complaints to Ofcom.

The complaint before you was that Dr Jones made misleading and untrue statements on GMB on 12 July 2021.

These comments constituted grounds for a misconduct or deficient professional perfomance referral to the IOT of the MPTS.

For ease I have colour coded Dr Jones' statements red.

The first of the comments that was subject to complaint was:

> *Dr Hillary: …and that's of concern. What I say to people is look: you know, of course it's your individual choice, it's not compulsory, I'm not going to tie you down and do it. But I think, just remember that this vaccine is not new, it's not new technology, it's been*

around for some time, it was very successfully used against SARS and MERS. (1)[2] [3]

My client, the anonymous complainant, referred to the following study to back up his contention that the first comment underlined was an untrue statement. https://ijvtpr.com/index.php/IJVTPR/article/view/23

The statement made by Dr Jones is untrue and misleading. Making untrue statements about a mode of action of a vaccine and its prior use poses a risk to patient safety.

The second comment that was subject to complaint was:

> *Dr Hilary: …it's something that we can absolutely understand how it works, it doesn't affect the DNA of your cells, it can't affect your fertility.(2)* [4]

Here is the link on how it can be reverse transcribed into human DNA *https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:ecc67cba-7c65-4127-8a49-793295a20164*

My anonymous client referred to the following quotation which was referred to in the International Journal of Vaccine Studies above:

> '*We finish by addressing a common point of debate, namely, whether or not these vaccines could modify the DNA of those receiving the vaccination. While there are no studies demonstrating definitively that this is happening, we provide a plausible scenario, supported by previously established pathways for transformation and transport of*

[2] : https://ijvtpr.com/index.php/IJVTPR/article/view/23

[3] https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC7177048/

[4] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/1july2021

> *genetic material, whereby injected mRNA could ultimately be incorporated into germ cell DNA for transgenerational transmission'*

My anonymous client then backed up his complaint with the following statement:

> *"If the scenario of these vaccines becoming incorporated into subjects DNA is possible and not yet understood, even by respected experts in the field, due to the very short and restricted basis of the current mRNA treatment Stage 2 clinical trials, how could a medical doctor who specialises in* ***Aesthetic Medicine*** *possibly be qualified to assure the viewing public that these injected fluids do not enter your DNA and he certainly cannot also categorically state that it can't affect your fertility – no one knows. These comments are currently unsubstantiated and not proven."*

The GMC should have known that the Pfizer Japanese bio-distribution study found a concentration of spike protein in the ovaries, and the semen trials are ongoing in South Africa.[5]

It is unsafe for Doctors to be broadcasting untrue and unqualified statements about a vaccine's safety and potential impact on fertility when clinical studies are ongoing.

We observe that there appears to be an increase in incidences of women having menstrual problems and an increase in still births.[6]

---

[5] https://clinicaltrials.gov/ct2/show/NCT04778033

[6] https://www.rcog.org.uk/en/news/rcogfsrh-responds-to-reports-of-30000-womens-periods-affected-after-covid-19-vaccine/

The next unqualified and misleading comment made by Dr Jones which was the subject of complaint was:

> *It can only protect you: It's a win, win, win, win, win. There's nothing – there's no downsides. Yeah, about 1 in 500,000 might develop a very rare complication,(3) [7]the link still hasn't been proven yet, but 1 in 500,000 compared to quite a high risk of becoming ill. 1 million people already have suffered with long Covid and some of those people it will affect them all their lives.(4)[8]*

My anonymous client backed up his complaint about the above with the following statement:

> *As of 12/7/21 there have been almost 81 million doses of the 'vaccines' administered in the UK, so on the basis of the above comment there should have been only 164 'very rare complications' as a result – however as of 28/7/21 there have been over 1400 deaths recorded on the UK MHRA Yellow Card scheme alone, as reported by medical practitioners and coroners, which by any standard would rank as a very serious complication and certainly a lot more common than 1 in 500,000. In addition there have been over 300,000 adverse reaction cards registered ranging from fevers and aches to total blindness, coronary / neurological events and even spontaneous abortions / miscarriages.*
>
> *The current rate, according to the UK Government and MHRA of people suffering an adverse reaction to one of the 'vaccines' stands at 1 in every 142 people. It is further estimated by the MHRA that as it is a voluntary*

[7] MHRA Adverse Events https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting

[8] https://evidence.nihr.ac.uk/themedreview/living-with-covid19/

system that only 1 – 10% of adverse reactions are actually reported to the Yellow Card scheme so the rate is undoubtedly significantly higher.

There have been almost 5 times as many deaths attributed to these experimental covid 'vaccines' in 6 months than all the other vaccines authorised in the UK since 2010 added together.

Vaccines	Earliest Date Authorised since 2010	Adverse Reactions	Deaths
Tetanus	03 / 12 / 2010	3,013	15
Pneumonia	20 / 05 / 2015	8,238	38
Rabies	06 / 04 / 2017	2,387	1
Typhoid Fever	25 / 07 / 2018	309	0
Meningitis	31 / 03/ 2015	9,980	2
Anthrax	03/ 05 / 2018	294	0
Hepatitis A	24 / 12 / 2020	848	1
Influenza	06 / 02 / 2013	35,068	227
	TOTALS AS OF 08/04/21	60,137	284
Pfizer Covid-19	08 / 12 / 2020	236,555	450
Moderna Covid-19	08 / 01 / 2021 (not administered until June 2021)	22,191	6
AstraZeneca Covid-19	04 / 01 / 2021	775,940	960
Unspecified Covid-19	08 / 12 / 2020	2,690	24
	TOTALS AS OF 30/06/21	1,037,376	1,440

Dr Jones's blatant lie and unbalanced comments regarding the potential for harm to people in the wider viewing audience alone deserves his immediate suspension and investigation.

Dr Jones under reported the risk of vaccination by some margin. A Doctor is under a professional obligation to present accurate data on material risk. If a Doctor does not present accurate information on material risk, he is being negligent. Negligent Doctors pose a risk to patient safety.

Furthermore the data on adverse events is unreliable given the shifting definition of vaccinated and unvaccinated and the historic under-reporting of vaccine adverse events, only 1% are said to be reported according to the Harvard study cited at the High Court in Dr White's case.

The fourth comment made by Dr Jones that was subject to complaint was:

'1 million people already have suffered with long Covid and some of those people it will affect them all their lives'

To support his complaint that the above statement was untrue and misleading my anonymous client made the following statement:

> *The following link: https://evidence.nihr.ac.uk/themedreview/living-with-covid19/ is to an article published by the National Institute for Health Research in October 2020 discussing the occurrence and prevalence of so called 'long Covid' and it begins by stating in the opening paragraphs of the 'How many people live with ongoing Covid19?' section:*
>
> *'Covid19 began to emerge at the end of 2019* ***and as yet there is little research into the number of people at risk of developing ongoing Covid19 or the duration of their symptoms****.* ***An unreferenced but frequently cited estimate is that most people recover from 'mild' infections within two weeks and more serious disease within three weeks.***
>
> ***We are at an early stage of understanding the disease and need to be careful not to draw conclusions prematurely****. Even in a discrete occupational group such as people serving in the defence services, the incidence is unclear with new referrals continuing to the military Covid19 rehabilitation service from people who were first unwell in March 2020.'*

There is absolutely no definitive evidence that 1 million people are suffering with 'long Covid', this is an ***estimate*** *that has appeared in an Office for National Statistics survey published on 1st July 2021 here:*

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/1july2021

A highlighted caveat at the bottom of the survey description states:

'This is analysis of new, recently collected data, and our understanding of it and its quality will improve over time. Long COVID is an emerging phenomenon that is not yet fully understood. The estimates presented in this release are ***experimental****; these are series of statistics that are in the testing phase and not yet fully developed.'*

The public perception of what is true and what is false regarding statistical information surrounding Covid 19 is not advanced whatsoever by so called 'trusted' medical practitioners stating on national television estimates that are portrayed as facts.

Dr Jones made an unevidenced statement regarding long covid and exaggerated the risk posed by the condition. Dr Jones in making the statement did not qualify it in any way. Making unqualified statements about a new condition is misleading and poses a risk to patient safety.

By way of illustration of the GMC's disparate treatment, my client, Dr White, in a widely broadcast and published podcast recorded with world renowned expert

Professor Peter McCullough on 20 July 2021 discussed the three main stages of Covid-19 disease.

The first is viral replication- the stage at which early intervention in the community with both nutraceuticals and therapeutics can reduce the likelihood of progression to stage 2, namely inflammation.

Currently in the UK, patients are not offered treatment in the community. They are advised- by way of example to call back- if their shortness of breath is worsening. This is stage 3.

Covid-19 is known via the action of the toxic spike protein to be a pro-thromboembolic illness.

At this stage a patient will likely be experiencing one or multiple blood clots and decreasing oxygen saturations and have developed a full blown systemic inflammatory response.

It is then that they are ‘allowed’ treatment by dialling 999, severely impacting their chance of recovery or survival.

It is plausible that if treated early in the community at stage 1- progression to a far more serious disease and by default long covid would almost be entirely preventable.

By banning my client, Dr White, from appearing on social media the public were prevented from wider dissemination of podcasts such as the one with Peter McCullough.

However Dr Jones is free to broadcast his misleading statements to a wide audience on national television. Do you see the problem?

The following statement by Dr Jones was the subject of complaint:

Dr Hilary: So, the risk of the virus is far, far, far worse than the vaccination.(5)[9] *So think about it again.*

My anonymous client substantiated the basis of his complaint by making the following statement:

> *The following link: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7524446/ is to a peer reviewed scientific paper regarding the calculation of the definitive Covid 19 Infection Fatality Rate (IFR), using data from multiple international locations published on the US National Institute of Health Library of Medicine in July 2020 and I quote from its results section:*
>
> *'After exclusions, there were 24 estimates of IFR included in the final meta-analysis, from a wide range of countries, published between February and June 2020.*
>
> *The meta-analysis demonstrated a point estimate of IFR of* ***0.68% (0.53%–0.82%)*** *with high heterogeneity (p < 0.001).'*
>
> *Even using the highest weighted IFR figure of 0.82% indicates that 99.18% people will not die from Covid 19 putting the worldwide Covid 19 death rate very similar to that of Influenza.*
>
> *As the overwhelming majority who contract Covid 19 will recover as a result of their own immune system without any experimental medical intervention, the risk of* ***any*** *adverse and potentially fatal reaction to that intervention, no matter how small, is greater than the risk of recovering from the disease. The current rate, according to the UK Government and MHRA, of people suffering an adverse reaction to one of the 'vaccines' stands at 1 in every 142 people. However the MHRA itself estimates only 1 – 10% of people actually report an adverse reaction to*

[9] : https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7524446/

the Yellow Card scheme so the rate is most likely significantly higher. On current evidence this comment is blatantly not true, is misleading and could persuade people into having the 'vaccine' when they do not need it.

I believe I have provided sufficient evidence of significant misconduct and contravention of Domain 4 of the GMC's own code of conduct that this doctor should immediately be suspended pending a detailed investigation of his actions.

Risks varies from patient to patient. For some patients the risk from vaccination outweighs the risk from covid. Material risk is not absolute. It is individual and patient centred.

In making your decision to take no further action against Dr Jones the GMC acted perversely and or inconsistently and or unfairly when benchmarked against the treatment afforded to Dr White.

The complaint made against Dr Jones had sufficient evidence to meet the threshold of a referral to the IOT.

The rationale for not taking action against Dr Jones was that the GMC considered that Dr Jones' [my emphasis]:

> *"remarks **may have caused offence**, however in general it appears the discussion surrounding the COVID-19 vaccination and the wearing of masks **have been based on medical information available at the time**."*

Had you discharged your responsibility to the general public you would have investigated Dr Jones.

Had you investigated Dr Jones you may have found that he has financial interests in the advice he is giving on air.

Dr Jones may have a conflict of interest. Dr Jones has not declared, as far as we know, any conflict of interest to his viewing public. [10]

In the GMC's dismissal of the complaint you stated erroneously that the GMC has no power to investigate conflicts of interest and in particular whether Dr Jones is receiving funding to promote the vaccine.

Yet the GMC has a guidance document stating that Doctors must be open about any interests which conflict with their advice.[11]

This firm has received some evidence that celebrities are being paid to market the vaccine despite the vaccines having no marketing approval.

It must surely be within the remit of the GMC to investigate any Doctor who it is alleged has a conflict of interest in the clinical advice he is dispensing?

A Doctor should not benefit directly or indirectly from clinical advice he gives without declaring that interest. A regulated professional should not have undeclared conflicts of interest.

Further Dr Jones broadcast has generated 1400 complaints to Ofcom.[12]

---

[10] https://www.mirror.co.uk/tv/tv-news/telly-doc-hilary-jones-slammed-10806516

[11] https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---financial-and-commercial-arrangements-and-conflicts-of-interest_-58833167.pdf

[12] https://www.dailyrecord.co.uk/news/gmb-gets-1500-ofcom-complaints-25451363

All of the comments made by Dr White were based on medical information available at the time, furthermore none of Dr White's comments were untrue or misleading.

In fact of all those comments have since been further substantiated by medical and scientific data since his video in June 2021.

Dr White's 3 December 2021 letter to the CEO of the NHS summarises the developments since Dr White's ban was imposed.[13]

As a regulatory authority you are under a legal obligation not to make mistakes involving complaints made by the public about misleading and untrue statements made by a Doctor regulated by you.

There can be no doubt that you have treated Dr Jones differently to Dr White and such a difference is an abuse of your power and a failure by you to act consistently, fairly and equally.

Dr White despite making supported and evidenced statements was subject to investigation and an Interim Orders Tribunal, he has also been subject to a smear campaign and who initiated that campaign is still being investigated. The smear campaign was highlighted as a possibility in the 3 December 2021 and began on 6 December 2021. This campaign is now subject to a Police investigation.

Dr Jones despite making unqualified, misleading and untrue statements was not investigated and the complaint was dismissed on erroneous grounds.

13

Could you come back to me within 14 days confirming that you have corrected your errors and confirming that an investigation is now taking place into Dr Jones.

Should such a confirmation not be forthcoming I am instructed to review all legal options available including a Judicial Review.

No doubt if that materialises you will have to disclose how many individuals complained about Dr Jones to you as we understand that this complaint is not unique. It may also turn out that other evidence emerges about undeclared interests. Should such evidence emerge the continuance of the GMC as a credible regulator safeguarding patient safety will be further in doubt.

We would also invite you to consider your own position as Chief Executive. You lead an organisation charged with protecting patient safety yet have taken action against Dr White who posed no risk to patient safety but who had whistle blown his concerns about patient safety. All Dr White's comments were evidence based and approved at his NHS revalidation appraisal. The GMC has taken no action against Dr Jones who has made untrue and misleading statements about the vaccine's safety and efficacy on national television as well as material risks from COVID-19.

The action that was taken against Dr White was found to have been unlawful by the High Court. That on its own should be grounds for your resignation, given Dr White was making the claim that there were safe and effective therapeutics that could have been made available to the public but were suppressed and that such suppression has led to avoidable deaths. The organisation you lead tried to silence a committed and professional Doctor with an "unblemished record" who had whistle blown about alleged criminality at the heart of the government response to the pandemic.

Robert F Kennedy Junior has made a similar claim which is fully referenced in his most recent book on Dr Fauci which details the regulatory capture by the interests of big pharma. Robert F Kennedy Junior has also been greatly supportive of Dr White's work to highlight and whistleblow severe systemic failings in the management of the pandemic. Mr Kennedy Junior has not been subject to regulatory investigation and no conditions have been placed on his practice.

Further and most damningly you have not engaged with Dr White or this firm regarding evidence we have that some clinicians are posing a risk to patient safety. You have been in receipt of Dr White's witness statement since mid August 2021 which referred to evidence of clinical malpractice. You have made no attempt to contact us for further details. It is as if you have no interest in following up evidence of malpractice in the COVID-19 vaccine roll out. Your inaction shows a casual indifference to patient safety.

You have therefore, we say, failed to discharge the legal duties that come with your office and should resign immediately. Your actions have betrayed the trust the public place in your office.

In the meantime I am instructed to make this letter an open letter as there are widespread concerns that the GMC do not act fairly, do not act consistently and disproportionately target Doctors who do not conform to political health policy, no matter how harmful that policy is to patient safety.

The GMC appears to be an enforcer of government policy rather than an independent regulator. That's a real concern when the practice of medicine has become so politicised. Despite being invited to speak at The International Covid Summit in Rome September 2021, Dr White was unable to attend because of his 'gagging order' unlawfully imposed by the MPTS. He is, however, along with thousands of other doctors, scientists and experts a signatory to the Physicians Declaration II- and a summary of the key points agreed by international

attendees calls for physicians to be physicians again; the restoration of long standing and established medical ethics; and a return to the true doctor-patient relationship, one which is free of undue politcal interference.

The GMC has also failed to uphold the human rights of doctors under investigation.

We are also in receipt of further information that suggests the GMC has not in the past played with a straight bat when it comes to dealing with other Doctors.

Now is the time for you to step aside to enable a fresh and independent pair of eyes to examine past failures.

Now more than ever the public needs confidence in the regulation of Doctors.

I look forward to hearing from you as soon as possible.

Yours sincerely

Philip Hyland
Principal
PJH Law
Solicitors

From:	FPD Decisions
To:	
Subject:	GMC - E2-7599ZL
Date:	16 November 2021 14:29:29

16 November 2021

In reply please quote: E2-7599ZL

Private: for addressee only

Sent via email only:

Dear

Thank you for contacting us with your concerns about Dr Jones, we apologise for the delay in responding to your complaint. We have very carefully considered the matters you have raised, but we have decided that we will not be opening an investigation into the doctor's fitness to practise.

Our Role

Our role is directly related to the registration of doctors. Our responsibilities are all connected to keeping the Medical Register. We oversee medical education; we give entry to the Register for those suitably qualified; we advise on good medical practice while registered; and we remove or restrict registration in response to fitness to practise concerns where there may be a risk to patient safety.

An investigation can only be opened if the concerns raised are so serious that the doctor's fitness to practise medicine is called into question to such an extent that action may be required to stop or restrict the way in which they can work to protect future patient safety.

The purpose of an investigation is to determine if or to what extent we need to restrict the doctor from working. We are not a general complaints body and we have no legal powers to intervene in or resolve matters for patients.

Current Position

While we appreciate why you have raised concerns about the doctor's comments on television, we do not consider these issues are so serious that they indicate the doctor is unfit to work as a doctor.

It is regrettable that some of the doctor's comments may have caused offence, however in general it appears the discussion surrounding the Covid-19 vaccination

and the wearing of masks have been based on medical information available at the time.

We have received no information to support that Dr Jones is receiving funds to promote the Covid-19 vaccination. It is not our role to investigate to establish this.

We will be taking no further action at this time, but thank you for contacting us about this matter.

Yours sincerely

The Enquiries Team
On behalf of the Assistant Registrar
The General Medical Council
3 Hardman Street, Manchester, M3 3AW

Direct Dial: 0161 240 8216
Email: fpddecisions@gmc-uk.org
Website: www.gmc-uk.org

Working with doctors Working for patients

The General Medical Council helps to protect patients and improve medical education and practice in the UK by setting standards for students and doctors. We support them in achieving (and exceeding) those standards, and take action when they are not met.

Unless otherwise expressly agreed by the sender of this email, this communication may contain privileged or confidential information which is exempt from disclosure under UK law. This email and its attachments may not be used or disclosed except for the purpose for which it has been sent.

If you are not the addressee or have received this email in error, please do not read, print, re-transmit, store or act in reliance on it or any attachments. Instead, please email the sender and then immediately delete it.

General Medical Council

3 Hardman Street, Manchester M3 3AW

Regents Place, 350 Euston Road, London NW1 3JN

The Tun, 4 Jacksons Entry, Holyrood Road, Edinburgh EH8 8AE

4th Floor, Caspian Point 2, Caspian Way, Cardiff Bay CF10 4DQ

9th Floor, Bedford House, 16-22 Bedford Street, Belfast BT2 7FD

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

Virus-free. www.avg.com