

GENERAL MEDICAL COUNCIL

FITNESS TO PRACTISE PANEL (MISCONDUCT/PERFORMANCE)

On:
Friday, 9 November 2007

Held at:
St James's Buildings
79 Oxford Street
Manchester M1 6FQ

Case of:

GORDON ROBERT BRUCE SKINNER MB ChB 1965 Glasg SR

Registration No: 0726922

(Day Seventeen)

Panel Members:
Mrs S Sturdy (Chairman)
Dr M Elliot
Mr W Payne
Mrs K Whitehill
Mr P Gribble (Legal Assessor)

MR A JENKINS, Counsel, instructed by RadcliffesLeBrasseur, Solicitors, appeared on behalf of the doctor, who was present.

MR T KARK, Counsel, instructed by Eversheds, Solicitors, appeared on behalf of the General Medical Council.

Transcript of the shorthand notes of
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A THE CHAIRMAN: Good morning, everyone. This is the Fitness to Practise Panel hearing enquiring into the case against Dr Skinner. Before the last adjournment of this case on 9 September the Panel had found that Dr Skinner's fitness to practise was impaired by reason of his misconduct and deficient professional performance. The Panel had then begun receiving further evidence and hearing submissions from both parties as to what sanction to impose, if any. Mr Kark gave his submissions as to the sanction the **B** GMC would consider appropriate; Mr Jenkins then began to call evidence and we heard five witnesses giving their testimonials in support of Dr Skinner.

Mr Jenkins, would you like to proceed?

MR JENKINS: I think I am going to be interrupted but I do not object to what Mr Kark is going to say.

C MR KARK: Only briefly, but you will recall on the last occasion that Dr Skinner had submitted a document to you dated 7 September.

THE CHAIRMAN: D21.

D MR KARK: Thank you. He has in fact sent another letter to the GMC, which we think you ought to have available to you. Mr Jenkins knows about this, of course, and may I pass copies out to you? (*Same handed*) What I am going to suggest you do is simply that you read the first page, which will indicate what the letter is about. There are a number of documents attached to it, four documents attached to it, which I thought you could read at your leisure in due course. You will have a good deal of reading to do, I expect, probably tomorrow, because there is a very large bundle of documents, and it may be that you could read that documentation then, but could I just invite you to read the first page of this **E** document?

THE CHAIRMAN: C14.

MR KARK: Thank you. Then I will hand over to Mr Jenkins.

F The second document, which I can see some members of the Panel going into, is effectively a document you already had on the last occasion – it is a reflection of the same comments from 7 September.

THE CHAIRMAN: That is D21?

G MR KARK: Yes, thank you.

THE CHAIRMAN: Mr Jenkins?

H MR JENKINS: The last page of this document is a survey that Dr Skinner undertook and has talked about before but was not allowed to put it in at an earlier stage. He has written to a number of endocrinologists in the country and asked them in what circumstances they would treat patients, and those are the results.

Madam, I have got a lot of testimonials and a number of further witnesses to call before

A you. What I would like to do, if I may, is to give you the big bundle first and take you to one or two pages in it. We are at D26, I understand, and I would invite you to label this large bundle D26. (*Same handed*)

THE CHAIRMAN: D26.

B MR JENKINS: These are not exclusively patients but many of them are. Many of the letters are written by relatives and a number of the people have various professional qualifications. You will see several solicitors, you will see others who are trained in the healthcare professions.

C Can I take you to one or two pages just to remind you of the evidence that you heard before? Page 11 is Mrs Jenkins. You heard from her son Luke on the last time that we were together.

Page 28 is Sue Conway – it is a name you have heard many times in the course of the proceedings, even right on the very first day that we met. This is a testimonial that she has written. Again, I just draw your attention to it so you can orientate yourself throughout the bundle.

D Page 51 is a testimonial from Donna Roach – you heard from her last time we met. You will recall that she and her sister wrote a book – you have got a copy of the book in your exhibits, which is D24A.

The following page is a letter from Mr Harwood. You heard from Jim Harwood last time and you have photographs of him at D25.

E At page 85 you have a testimonial from Ina Whitlam – again, you heard from her. I think the last three people I have mentioned are all sitting in the public gallery today.

Again, I am going to let you read through this bundle on your own in due course. A number of the witnesses I am about to call have written letters. Many of those are in this bundle and I will draw your attention to the relevant page as and when I call them.

F I would like to call first Lyn Mynott, please.

LYN MYNOTT, affirmed
Examined by MR JENKINS

G Q You are the Chair of an organisation called Thyroid UK?
A Yes.

Q Tell us about Thyroid UK. When was it formed?

A Roughly about ten years ago. I had been ill for a long time – about 15 years – and then eventually I had a thyroidectomy because I had a lump come up, but my blood tests were normal. My blood tests were normal but I had had all the symptoms for about 15 years and nobody could understand what was wrong with me, but once I had my thyroidectomy the doctors put me on 200 mcg of thyroxine thinking it would replace what my thyroid could not any more, but unfortunately I went massively overdosed because

H

A they had not realised that I had been hypothyroid before and that was confirmed by my specialist at the time. That was when I decided to set up an organisation. Very soon after that I went on to *BBC Watchdog* and the health check programme and it was after that that I was literally inundated by people with the same situation.

Q What does your organisation do?

B A We have a telephone helpline where we can chat to people. We sell an information pack with all the information necessary regarding thyroid and other things as well, and we have a newsletter to keep them up to date with research.

Q How many patients have you dealt with over the ten years since Thyroid UK has been in existence?

C A More than 13,000 now. I did not realise what a big problem it was when I first started.

Q What are the range of problems that patients have who contact your organisation?

A The symptoms, you mean?

Q Why do they contact you?

D A Because their doctors really cannot do anything, same as me – they have had the blood tests. A lot of them are mid-range, as I was, but a lot of them are borderline and the doctors either will not help them or feel that they cannot help them because they feel that they would get into trouble – that happens a lot.

Q 13,000 patients?

A More than 13.

E Q Do you feel that is the whole of the problem?

A No, no, because they are the ones that we actually put on to our database because they write to me or e-mail me or phone me, but I know that there are a lot of people that just look at the website without contacting me. We have a lot of hits on the website.

Q What do you know about Dr Skinner and how do you know him?

F A I know about Dr Skinner because I first heard that there were a few people that went to him with the same kind of problem that I had and he got them well, so I started corresponding with him and some other doctors that I found were helping patients. Then, you know, patients contact me, we have a doctors' list of private GPs who might be able to help them, so we kind of give that out – that goes with the information pack – and then people often write to me and tell me how much better they are once they have been on treatment from him.

G Q Are these patients who have not been receiving sufficient or adequate treatment from their GPs or endocrinologists?

A Yes. Yes, always. I would say most of the people that contact me have tried to get somewhere with their GP and have not been able to and they are still ill. Sometimes they are put on antidepressants, which do not work generally; a lot of them have spent a lot of money seeing private practitioners in all kinds of other things – osteopathy, all kinds of things like that, reflexology, iridology – because they have lots of symptoms. It is never just one or two, it is always more, so because the doctors are not helping them they

H

A look outside and often that does not work because they are not dealing with the root cause. In most cases, I find that once they have been on some kind of thyroid treatment – not necessarily thyroxine, sometimes Armour Thyroid is better for some people. We also get people who have been diagnosed and they are very ill on thyroxine because their body cannot assimilate it for some reason, and then they try the Armour Thyroid, which is the natural thyroid hormone, and that works for them. There has not really been any research as to why, which is something that we want to do.

B
Q What feedback have you had about Dr Skinner from patients of his?
A Very, very good feedback. I get letters and phone calls from people saying that they have got their life back, basically, they can go back to work, because a lot of them are on benefits because they cannot work – so they are getting benefits. They then go back to work once they have seen Dr Skinner.

C
Q I do not know if you were here in September but the suggestion made on behalf of the GMC by their counsel was that Dr Skinner should be suspended for a period of time or, worse, erased. What would the consequences be for the patients with whom you have had contact if that were to happen. What I am worried about is that (1) the NHS doctors that are continuing treatment – because often, when they get better they go back to their GP and the GPs take over treatment. What I am worried about (a) is that that will stop because the GPs are worried about continuing the treatment, and (b) that people will start searching the internet to obtain their medication and self-medicate. A lot of people do that now, but we would much prefer that GPs dealt with these patients and that they are monitored. That is what we are worried about. There is going to be a lot of patients out there who are going to become ill again. This happens anyway sometimes. They go for a blood test and the doctors say “Your levels are too high, I want you to reduce your dosage” – and this is another group of people that come to us, because they have got all their symptoms back again because their dose has been reduced, but they are still within the range. We find that everyone has their own range within the range. Some people feel better in the middle, some people feel better at the top, and if the doctors reduce their dosage to bring their levels down to mid-range they get a lot of their symptoms back again. The number of times that I have spoken to people and asked them to go back to their GP and explain that “I have got my symptoms back again, I want to increase my dosage back to what it was” happens a lot.

F
Q You are not a medical doctor?
A No, I am an expert patient.

G
Q I understand.
A The government like that now. The government love expert patients. They are doing a lot now to help patients become more expert about their condition.

H
Q You can give us your own view now that we know that you are not medically qualified but you are an expert. The Panel will obviously give due weight to your level of expertise when they weigh up what you say. What is the problem with doctors under-treating or not treating their patients?

A What is the problem?

Q Yes?

A A Do you mean where patients are not getting enough?

Q Yes?

A They just remain ill.

Q Why are not the doctors doing anything?

B A They are worried, they are really worried. I have spoken to a lot of doctors, I have had a lot of letters from our people saying “My doctor would like to give this to me” or “My doctor would like to increase my dose, but they are too scared” – because they could end up here. I have heard that so many times. It is such a shame because they cannot do what they want to do for the patients any more, in thyroid disease anyway.

C MR JENKINS: Thank you very much. Would you wait there, please? You may be asked a few questions.

Cross-examined by MR KARK

Q I only want to ask about your own personal experience, because you said you were put on 200 mcg and you discovered in fact you became hyperthyroid?

A Yes.

D Q What effect did that have on you?

A I became very hot, I had palpitations and I sweated a lot.

Q Did a reduction of the thyroxine remove those problems?

A Yes. I then reduced my dose down to 50 and then gradually increased it over the next six months.

E Q And the palpitations stopped?

A The palpitations stopped the next day.

Q Did you realise that you were at risk if you continued being hyperthyroid?

F A I do not think I did at that time because it was at the very beginning and I did not know as much as I do now. I just knew that I did not feel very well, and by giving 200 mcg it was way over too much.

Q You now understand about the risks of being made hyperthyroid?

A Yes, I think my specialist then had made a mistake.

G MR KARK: Thank you.

Re-examined by MR JENKINS

Q Just to clarify, you have never been treated yourself by Dr Skinner?

A No.

H Q It was not he that put you on 200 mcg---

A No, no, no, it was an NHS endocrinologist.

A

Q An expert?

A An expert, yes.

Questioned by THE PANEL

B

Q You said when you were on 200 you had palpitations etcetera, reduced to 50, then gradually increased to what?

A Up again to 200. I am a big woman – you need more when you are bigger. My symptoms disappeared.

Q Are you regularly monitored with blood tests?

A I am, yes.

C

Q How frequently do you have those?

A Yearly. Because I am well I do not need to keep going. I do not go to the doctor's any more. I think I was termed as a heart sync patient when I used to go, but I go to the doctor's very rarely now.

Q So the blood results that you get have been very various ranges. Have you become thyrotoxic at all?

D

A No, not at all. In fact, I am just a fraction over on the T4 range and a fraction under on the TSH range, which is what Dr Toft recommends in his book.

Q So you are within the reference range more or less?

A More or less. Just a fraction over.

THE CHAIRMAN: Thank you. There are no further questions---

E

THE WITNESS: Could I possibly hand *these* out to everybody or not? It is my report.

MR JENKINS: Will you tell us what they are?

A It is just my notes, my report, with some research attached.

F

MR JENKINS: I am going to hang fire on that. I am going to have a look at it first before I ask the Panel to see it if that is all right.

THE WITNESS: Thank you.

(The witness withdrew)

G

FIONA RICKETTS, affirmed

Examined by MR JENKINS

Q Mrs Ricketts, I think have written a number of letters to the GMC over the last few years?

A I have a copy of my testimonial.

H

Q I do not think I need to take you through it. The Panel have letters from you in the large bundle at page 19 and the pages that follow. You have a son, Simon, I think?

A

A Yes.

Q And the Panel have a letter from him at page 72. I think you are a widow?

A Yes.

Q Your husband was a consultant physician and psychiatrist?

B

A That is correct, in Southampton, and as such I was cushioned and our family was whenever there was family illness.

Q Because that is what you could say to the doctor?

A Exactly. He knew exactly where to refer us.

C

Q What you have set out in your letters – and the Panel will be looking at them now and will read them properly in due course – is that you were not getting the right treatment?

A That is right. I was correctly diagnosed by my GP as having Graves' disease, and she correctly referred me to our local endocrinologist in Southampton. I need to say at the outset I have nothing against endocrinologists as such. I have had good treatment in the past but I felt badly let down by this endocrinologist – who correctly recommended in the end that I should be irradiated and warned me that in the next six months I would

D

probably become hypothyroid. In fact, in the next six weeks I felt I was going through a tumble dryer emotionally – it was very strange. So I went back to him and I was put on to 150 mcg of thyroxine and was okayish for a while until I went to America and came back with jet lag which I simply could not pull out of.

Q I am looking at page 21 that the Panel have, in the middle paragraph, where you say "Coming back from America"?

E

A Yes.

Q You had already seen the local endocrinologist?

A That is right.

Q And you say he did not seem remotely interested in the problems you were encountering?

F

A No. In fact, at no time when I saw him did he examine me, which was worrying.

Q And you told him your symptoms?

G

A I told him my symptoms and he dismissively said "What I think you need is antidepressants". I knew that was not right. Indeed, my husband used to see too many patients who had been put on antidepressants inappropriately and he was often sending them back to physicians suggesting the correct treatment. Luckily, a friend of mine knew of Dr Skinner and I went to my GP, who looked with interest at his qualifications and referred me. I can remember coming out with a Scottishism of my father's and saying that I felt okay but still peely-wally. I think Dr Skinner knew exactly what I was saying and suggested T3. I was put on a general dose to start with – Dr Skinner has always been very sensible at gradually building up these dosages – and I could feel a difference. When I was on the full dose I can only describe it as having been in a sepia world for a while and I could see colour again. As a practising musician, my concentration improved, my confidence, my enjoyment of playing – life was coming back.

H

A

Q How did you find Dr Skinner? What was he like to deal with as a doctor compared with other doctors who had treated you in the past?

A He was a proper doctor.

B

Q Tell us what you mean by that?

A He was wearing a white coat, which I think is absolutely correct. Seriously, he examined my tongue size, which the endocrinologist had never done, the state of my skin – he just could judge where I was at and that I was not converting as I should.

C

Q The first time you saw him was it a short or a long consultation?

A No, it was a long consultation. He asked a lot of questions. Unlike the endocrinologist, he was interested in family history, which I think is relevant because at worst I have a cousin who died last year who was a cretin. He was born in a Japanese prisoner of war camp; clearly did not have iodine or the correct nutrients. I saw a photo of him when he was small and he was a beautiful child. I only met him for the first time 20 years ago and there was no expression behind his eyes. I have seen him more recently in a home and he was grotesque – he could not feed himself, he could not speak. The only emotion he showed was anger and frustration with my aunt, who died recently. So that is the very worst end of the scale in my family. My uncle, his father, was also interned and came back from China with toxic goitre. The first time I met him was at UCH when he was being treated, but sadly he died of complications. My father was diabetic. It was triggered by Dunkirk. We discovered that he had a thyroid problem – he was over-thyroid for 15 years before it was picked up. My aunt was hypothyroid and was never treated.

D

Q Were these things that you explained to the endocrinologist in Southampton?

A I did not – he did not ask, but Dr Skinner wanted to know the family history so I was able to tell him.

E

Q Had you appreciated the full extent of the family history at that point?

A Yes. I am also concerned for future generations from various things I have discovered, through IOPs etcetera.

F

Q You told us about your concentration improving?

A Yes.

Q What about physical signs that you suffered from and any other symptoms?

A All sorts of other symptoms, but it is mainly mental for me. That has improved greatly.

G

Q How often did you see Dr Skinner after the initial visit?

A Three months afterwards, then six months, then a year.

Q What did you feel was the level of follow-up you were getting?

A Excellent. He could see that the treatment was working.

H

Q Who was prescribing for you?

A My GP, and she was amazed at the difference. She had not known Dr Skinner's work before. In fact – this is something I would like to share with you all, please –

A several of my friends mentioned to her how well I was doing and I asked her to write a letter to an IOP, telling them how I was. She was a personal friend, she used to work for my husband, but as soon as I mentioned “GMC” she just clammed up. The letter you have probably got in your files is something to the effect “My patient, Fiona Ricketts, tells me she is feeling a lot better”. I was horrified. I felt Dr Skinner had been badly let down.

B Q What about the level of contact between your GP and Dr Skinner?
A Dr Skinner keeps in touch with her.

Q Has he always done so, from the start?
A Yes. My daughter is now seeing Dr Skinner too.

C Q How is that going?
A Very well.

Q You mention her in your letter?
A Yes. May I speak about her?

Q If she knows that you are going to speak about her, there is no problem.
A She would be here if she could, but she cannot.

D Q Is she in Spain?
A She is in Italy. In fact, she is in England at the moment. I had a hip replacement a year ago and she came back to support me, and I realised that she was not right. I have been concerned about her health ever since she had glandular fever ten years ago.

E Q Forgive me, can I just interrupt. It is page 26 of the bundle. It is the third paragraph down on page 26, which talks about your daughter coming home from Italy. She is a musician, as well as yourself?
A Yes.

F Q And she had given up her studies?
A She had given up her studies and realised that as she was, she was not up to the life of a professional musician, which is very hectic, very precarious. I could see that she had put on weight, her concentration was bad, she started a temporary job but shared with me that she just could not concentrate. I had a devil’s job getting her up in the morning.

G One day she had a thyroid crisis, in February. She was at work, she had hallucinations at the side of her head, she had had headaches that had been building up and she had pins and needles down her arms and legs. She was working at our county hospital at the time and went to A&E, very sensibly. The junior house officer scared her rigid by saying “Don’t drive any more. I think you need a scan to eliminate MS”. The result was negative but she recommended that she had a thyroid blood test because she thought the problem was thyroid – the description of all the symptoms. I was actually very interested by Professor Weetman, who I think does not believe this is a relevant symptom.

H Q Not for him, not headaches---
A She had her blood test and the blood test came back normal, but she said “As I don’t feel normal I ought to see a GP”. I sat in on that session and was horrified. I think this is a danger with some GPs. They see “Normal” and do not look beyond it. She

A described her symptoms – tiredness, putting on weight – and all the GP could suggest was that she was pregnant. She held her ground---

Q A simple test should eliminate that as a diagnosis?

A Exactly...and asked for a referral to Dr Skinner. Dr Skinner saw her soon afterwards, examined her properly and asked her – I did not sit in on that session – I believe, a large tongue, skin and many other factors. He actually looked more closely at the blood test result, which showed that her pituitary was overworking to compensate for an under-active thyroid. This is something that concerns me, that if GPs get a result “Normal” they are not as sophisticated as Dr Skinner.

B

Q The last letter we had from you (and we have the dated at page 27) is dated June 2007. You say at the top of page 27:

C

“We are both very anxious that Dr Skinner continues to treat her as her condition will be need to be carefully monitored, and the regime he has put her on adjusted accordingly.”

A Exactly.

D **Q** How are things going? Clearly, nearly six months have gone since June?

A Slowly, as indeed I think they should. We were talking the day before yesterday and she is working for the police at the moment, temporary. She said “You know, six months ago I would not be asked to do the things I am doing now”. She is taking minutes of top police in Hampshire and they have offered her a permanent job. In fact, she is going to have an interview next week for a musical organisation. So things have certainly moved on.

E MR JENKINS: Thank you very much, Mrs Ricketts. Would you wait there?

Cross-examined by MR KARK

F **Q** Mrs Ricketts, just a very few questions. I just want to ask you again about your own experience. Your GP referred you to Dr Skinner and Dr Skinner put you on T3. Was that immediately or did he try---

A I was already on thyroxine, 150 mcg, but he could tell that I was not converting.

Q How did he tell that?

A From my symptoms.

G **Q** Thereafter, did you come back, as it were, under the care of your GP?

A Yes. She has taken regular blood tests.

Q That is what I was going to ask you. When you say---

A She is very satisfied.

H **Q** When you say “regular blood tests”---

A Annual blood tests.

A

Q Where is your TSH now, do you know?

A I am ashamed to say I do not know – I just feel good.

Q The purpose of your GP taking blood tests is presumably to check to see whether you are being kept broadly within the reference range?

A Absolutely.

B

Q And to ensure you are not becoming hyperthyroid or thyrotoxic?

A Yes.

Q So far as your daughter is concerned, is she also under the care of a GP now?

A Yes.

C

Q Again, is she having regular blood tests?

A I do not think she is due for one yet but I am quite sure she will. It is a good practice.

MR KARK: Thank you very much.

Re-examined by MR JENKINS

D

Q Was Dr Skinner seeing the blood tests?

A Oh, indeed.

Q Did he need to order them?

A They are automatically done by my GP, and the only one she has had was after that thyroid crisis.

E

Q You are talking of your daughter now?

A Yes.

Questioned by THE PANEL

F

THE CHAIRMAN: At any time during your treatment have you become thyrotoxic?

A No.

Q Do you know the signs and symptoms?

A When I was hyperthyroid, obviously I had all the symptoms that you would expect, but not since.

G

Q But when you say you do not actually know your blood test results you just feel well, do you actually get them yourself?

A No, my GP gets them and reports to me.

Q What does she say to you?

A That obviously my treatment is producing the right results.

H

Q Does that mean that your blood chemistry is within the normal range?

A Yes.

A

Q It does?

A Yes.

Q That is what she means by getting the right results?

A Yes.

B

THE CHAIRMAN: Thank you for coming to give evidence.

THE WITNESS: Thank you for your time.

(The witness withdrew)

C

GEORGE NORLEY, affirmed

Examined by MR JENKINS

Q Mr Norley, you have written a lot of letters to the GMC, I think?

A Yes.

D

Q Over the last couple of years. We have only given the Panel one, but I want to go through with you your medical history, so far as it is relevant. In the letter that the Panel have you start by telling them the law in one particular area of the law, and I do not want to go through that with you; I am not going to treat you as a medical expert because I do not think you are medically qualified, but you are an expert in your own health?

A Yes.

E

Q Tell us, you have been a patient of Dr Skinner?

A Yes.

Q For about how long?

A Since about March 2000.

Q Can I ask you to keep your voice up a bit?

A You will have to forgive me, I am a bit contagious at the moment.

F

Q Since about March 2000?

A Yes.

Q What was the problem that led you to Dr Skinner?

G

A In 1978 in British Columbia I had an employment medical – I would be about 30 at the time – and they said to be aware that I might suffer from a thyroid condition later in life. I had forgotten all about this until about 1996, when things began to happen that I did not really understand.

Q I think you list some of them in the letter – various problems. You talk about not being warm enough as well, low temperature, as one of them?

H

A Yes.

Q Did you seek treatment in 1997 or so?

- A** A Yes. I went to see my doctor, Garlick and Hepplewhite at Whitwick.
- Q Is he your GP?
A Yes, at that time.
- B** Q What were they able to do for you?
A Nothing.
- Q Nothing at all?
A No.
- Q What did they try and do for you?
A They sent me to Leicester Royal for tests. I went to see one person, who gave me a cursory glance and asked me questions, and I went back to see Dr Garlick again and he said "There's nothing wrong with you". The chap who is the specialist at Leicester has never even met me. He is quite a smart fellow, he has never even met me, and he had a letter back saying "It's not hypogonadism". It went on and on – that was 1997/98/99. I kept going back and saying "Look, I'm not very well. I don't feel well, I feel ill". I went to see a homeopath, who told me that my thyroid was operating 15 per cent under rate; a reflexologist said to me – I knew her, she was a friend of mine, so she gave me a discount rate. I was lying on her...
- C**
- Q Couch?
A Couch. You will have to forgive me – being a thyroid condition, your memory recall is very bad, short-term memory. I nearly went through her rough when she manipulated part of my feet, so she looked at me through my feet like *this* and she said "You've got an endocrine problem". I said "What are you talking about?" and she said "You've got an endocrine problem". She actually gave me the book by Broda Barnes---
- D**
- Q He is an American doctor?
A Yes. He is the man who found about T1 through T3 – everything about the thyroid condition, 40/50 years at it. I recorded my temperature and I wrote three pages down – everything that was the matter with me – and gave them to my GP.
- E**
- Q You did a lot of charting. The Panel have not got it; we have not included that in the material for them. You made some charts---
A There is three months' worth of temperature data, all below 36 degrees, which according to Barnes is an indication of severe thyroid condition.
- F**
- Q What were your doctors able to do with that information?
A After I complained bitterly, they gave me a letter saying "Sorry, go and find another doctor", which I had to do. So I went and signed on with another doctor down on Forest Road in Coalville.
- G**
- Q They asked you to leave their practice, or took you off the list?
A I was thrown off the list.
- H**
- Q So you had to find another GP?
A Yes.

A

Q Was the next GP any more sympathetic?

B

A That was after I had seen Dr Skinner. I had been to see my brother down in South Africa and I came out in early March/February 2000 and I went in to see Dr Garlick and he says "The guy in Leicester says there's nothing wrong with you". He had never met me, all he had seen were my blood tests. I said "Oh, all right then", so then I walked out of that surgery and sort of walked across the car park and I thought "If I don't do something about this, I'm going to end up being severely ill of some sort". So I took off down to Ashby, got on to the internet and put "Broda Barnes" into the internet and up came the Broda Barnes Institute. So I e-mailed him and said "Look, who practises what you preach in the UK?" They said "Send us \$18 and we'll tell you", which I did do, and they came back with Dr Skinner and two other people. Dr Skinner being the closest one to where I live, I came back from South Africa and the letter was there from America from the Broda Barnes Institute and I immediately picked the phone up and rang Dr Skinner. *(The witness became upset)*

C

Q Have a glass of water, it might help?

THE CHAIRMAN: Would you like to take a break or would you like to continue?

D

A No, I am all right.

MR JENKINS: If you want to take a break, you tell us, but it might be easier if we just keep going.

A When you have had ten years of people calling you a bloody idiot and they are not listening to you. Anyway, I went to see Dr Skinner.

E

Q How did it go?

A I sat in his office and he came in. It was a March or April day and I sat there with my warehouse clothing on. You do not understand what it is like to be cold and to have your brain just like cotton wool. He walked in with just his collar and tie on and I sat there, even with a waxed jacket on I felt cold. It took about an hour, over an hour, and he went over everything. He took a blood test and he sat there and asked me all sorts of questions.

F

Q This was 2000 when he took a blood test?

A Yes. I came away from there. He took his time in thinking about things and I wrote to him and said "Am I a suitable case for treatment?" and he said "Yes". He started me on three months' treatment of Armour Thyroid. This guy I work with at the warehouse – he said I suffer from the form where you fall asleep and have bubbly skin. I began to take the tablets, you know, half a grain a day, up to a grain a day, and I got up to about seven grains a day and I began to...Of course, with this condition I had to...you go deaf, your tongue swells so you bite it. Constipation like you would not believe, to the point where when you go to the toilet it is nearly impossible. The first that happened, you begin to feel a lot warmer, you begin to be able to hear again. The thing is, I discovered that though I could not pick things up because my elbows were in such severe pain, that if I kept them warm it disappeared, but the application of ibuprofen or anything like that did not work, so obviously the optimum point of lubrication was not being attained.

H

From then on, it just began to get better and better and better. I got warmer and I was

A dressed like all the other people in the warehouse, rather than in the heart of summer you would be absolutely rugged up like a horse. Then I began to remember – I could not remember things. People would tell me one thing, turn round and it was gone. You would come out of the supermarket and find your car has run across the car park because you forgot to put the flaming handbrake on. It is annoying that when you have told your GP and you have been to see people in Leicester – I mean, I have been sent to

B Addenbrooke's to see a fellow called Chatterjee there. He sat there for ten minutes of the interview, or 15 minutes, a so-called professor, and he slandered this man. This so-called professor never laid a finger on me. I sat there and he carried on and I had taken the plastic bag with all my Armour Thyroid tablets in and I held it up and I said "If I'm not hypothyroid, Professor Chatterjee, what am I?" He said "Oh, we'll do blood tests". So he did a blood test, and that was at four o'clock in the afternoon. I have got a copy – and I do not know if you have got a copy there – but the parameters he used were from nine

C o'clock in the morning, which is totally bloody useless. If you go to see a professor and you are in such a state that you want something doing about this condition, you would know that a professor would know what he is talking about. He sat there and he never even came anywhere near me. Dr Skinner here, he had hold of my neck, with his own hands, and thoroughly interviewed me. You cannot fault this man.

Q How regularly did you see Dr Skinner once you started seeing him?

D **A** Every three months I used to go back, and I used to regularly – he always charged me, of course – I regularly kept my temperature, it got to the point where my oral axial temperature, blood pressure, temperature standing and sitting, and that gives you the indication for adrenal insufficiency. Again, I have ended up in hospital because in 2005 I collapsed. That is about the third time but that time I ended up in an ambulance going to Leicester Royal.

E **Q** What did you collapse with?

A As Dr Barry Durrant-Peatfield says, of course, the evil handmaiden of thyroid condition is adrenal insufficiency. Dr Skinner can only do so much, but I went to see Dr Barry Durrant-Peatfield because he wrote the book. He said "No wonder you're collapsing, you're blood pressure drops 40 points when you stand up". So I started on Adrenalift Extra, and that seems to have cured that problem.

F **Q** Just give us an overview, if you would, of Dr Skinner and his care for you. Does he still you?

A Yes, yes. You cannot fault this man. There is only two – there is Dr Durrant-Peatfield and this man who are the only two people who know anything about thyroid condition. All the rest of them, they take a blood test, "Oh, your blood test says it's normal – clear off".

G **Q** He took a blood test in 2000?

A Yes.

Q Have there been other blood tests since?

H **A** Oh yes, yes. Blood tests are the worst – blood tests do not tell you anything. I am a qualified diesel engineer and we do oil tests to see how the engine is running, but the problem is this machine runs on a different basis. The fact that your blood tests says one thing... No, basically, these people who work for the NHS, if your blood test says you

A have not got it, you have not got it.

MR JENKINS: Thank you very much, Mr Norley. Would you wait there, because you may be asked questions by others?

Cross-examined by MR KARK

B Q Can I ask you a bit about the adrenal insufficiency and how that came to light? Were you aware of that?

A No, I did not know anything about it. This is before I went to see Dr Skinner. I got out of the bath and there is many times years before that that when you stand up you become light-headed. The thyroid condition comes on, as they told me in 1978, but now when I look back over the years thyroid conditions come on so slowly that I have had this, if not verging on hyperthyroid, for many years.

C Q So when you went to see Dr Skinner was that back in 2000?
A Yes.

Q Did he do blood tests?
A Yes.

D Q Eventually, you found yourself on seven grains of Armour a day?
A Yes.

Q Where are you now?

A I have come down as the condition has improved and with the adrenal problem being treated. I have also, through Dr Skinner, found a man in Birmingham that has given me testosterone supplement, because one of the side effects of this condition is that your libido disappears, totally. If you want it in broad description, your genitalia are numb. I have found that this testosterone stuff – it is a new stuff called Testogel – if you apply it, it acts as a catalyst. Therefore, I have been able to reduce my Armour back down to about two grains.

E

Q Who are you seeing now? Are you still seeing Dr Skinner?
A Yes.

F Q Have you tried to get back to your GP or not?
A The GPs will not touch it with a bargepole.

G Q Do you know if Dr Skinner is checking your TSH levels just to see where you are?
A Yes. I go to see him regularly, yes.

Q Do you know what the purpose of doing that is?

A It is to see how your thyroid reacts. To us, whose blood tests mean nothing, you have to go by how you feel. I know when I am wrong because (a) you begin to feel tired if it is under-medicated, and if you are over-medicated your heart begins to palpitate, so therefore you cut back. Blood tests are just totally useless.

H Q I understand that is what you say. You obviously went through a period of having

A

palpitations, did you?

A Oh yes, I have had them. I know all about them, yes. I am the one to deal with them – you cannot go running to this man every time you have palpitations.

Q So then what you do is you simply lower---

A You just reduce your medication.

B

Q Did you get warned at any stage about palpitations? Did Dr Skinner say to you at any stage that one of the side effects of this may be you are going to have some heart problems?

A Oh yes, that comes with the territory. You get them before - you get the palpitations and breathlessness before you are actually on your Armour and everything else. That is one of the symptoms of this. They disappear once you are medicated properly.

C

Q You first became aware of an adrenal insufficiency when you collapsed in 2005?

A That was the serious one. I had collapsed long before I saw Dr Skinner.

Q By the time that happened you had been under Dr Skinner's care for five years?

A Yes.

D

Q Had your cortisone level ever been checked, do you know?

A Oh yes, the ATA is quite high. Cortisone levels were below the bottom parameter.

Q So what was done about your adrenal insufficiency? You were put on an adrenal supplement, were you?

A Yes.

E

Q Who did that for you?

A I did, basically, initially. I knew there was something of the sort going off, but then when I collapsed again I went to see Durham Peatfield, who wrote the book.

MR KARK: Thank you very much.

F

Questioned by THE PANEL

THE CHAIRMAN: For your adrenal insufficiency, are you taking medication regularly now?

A Oh yes.

G

Q Could I ask what you take?

A Adrenalift Extra.

Q Where do you obtain that?

A Nutri – they are up in North Derbyshire somewhere.

H

Q Do you get it yourself, do you have a prescription for it, or is it something you can just buy yourself?

A I just ring them up and they send it to me. You see, they ask you who... They ask

A you when you ring up... Dr Barry Durham-Peatfield runs a nutrition clinic and I said "I'm a patient of Durham-Peatfield" so they let me have some. What you do is build up to about five tablets a day – it is how the machine is running and you go from that.

Q Do you then have any cortisone checks now? Do you have a cortisone blood test that goes along with the blood tests that you have regularly? Does Dr Skinner follow that side up for you?

B **A** No, it is nothing to do with him.

THE CHAIRMAN: Thank you. Thank you very much for coming to give your evidence here. You may stay or go as you wish.

C **THE WITNESS:** If you have finished with me, I have got to go back to Leicestershire. Sorry about getting upset, but---

THE CHAIRMAN: I think it is quite understandable.

THE WITNESS: I have had ten years of this and *that* man is the only man who has sat and listened to me. You just cannot fault him at all.

D **THE CHAIRMAN:** I think it is quite understandable and thank you very much for giving evidence.

(The witness withdrew)

ROSA ALONZO, affirmed
Examined by MR JENKINS

E **Q** I think you are a patient of Dr Skinner's?
A Yes, I am.

Q I think a number of years ago you were diagnosed as hypothyroid?
A Yes, I was diagnosed as grossly.

F **Q** Grossly hypothyroid?
A Yes.

Q What treatment were you getting?
A I was getting thyroxine.

G **Q** Was that in this country or abroad?
A No, it was in this country first. I started with 50 mcg and then slowly went up to 200. At that point my GP did not know what to do with me, because I was not well, and then I was diagnosed with chronic fatigue syndrome.

H **Q** Was that a diagnosis by the GP or some other doctor?
A By the GP. Also with depression, so I was prescribed antidepressants.

Q Was that sorting things out?

A

A No.

Q What were the problems?

A The problem was I had all the symptoms of hypothyroid, plus with the antidepressants I was putting on weight. I put on a quarter of a kilo every week.

B

Q So that was the diagnosis. Were you happy with it?

A Not really, not really. Once you are in the chronic fatigue syndrome box, you are there forever, are you not? There is nothing they can do for you. I was visited by the chronic fatigue nurse for, I think it was like six sessions I had in my house, as she was the one to point towards the T3, that maybe I was lacking in T3.

Q She was the one to point to T3?

C

A Yes.

Q Clearly you came to Dr Skinner at some point?

A Which I did within another period, because things were getting no better. We thought maybe it was time to go back to Spain to be closer to the family.

Q Were you living in Stockport at that time?

D

A Yes, I was. I also lost my job and everything in all that process because I was poorly for such a long time.

Q You lost your job?

A Yes, I got the sack. Then we decided maybe it was time to go back to Spain, so we went back to Spain. We did live to regret it, because things went from bad to worse in Spain. I went back to Spain on 200 mcg of T4 and they took me down to 125. Then I got pregnant and they increased it to 150 and I was on 150 until I gave birth, and then I was down to 100, I think it was. At that time I said to my husband, you know, "If we carry on like this, they're going to kill me". So we started doing research to find someone who was willing to see me and to treat me. That is how I came upon Dr Skinner.

E

Q Did you come back to Stockport?

F

A Yes. Well, I came back to Stockport last year, so the first time I saw Dr Skinner was in 2005. Then we came back in April last year.

Q How was it when you started seeing Dr Skinner?

A I was so relieved. The first appointment, he took well over an hour and I was so relieved. He was really listening to me – that was a relief really.

G

Q What treatment did he prescribe for you?

A He increased my T4 and then asked me in a few weeks' time to start with a T3. Over a long, long period of time I went up to 200 T4.

Q Was this a very gradual increase?

A Oh yes, yes. It maybe took close to a year – a long time, and 80 T3.

H

Q How regularly did you see him or did you speak to him over that period?

A I was speaking to him very regular. Face to face once every six months but in

A between---

Q Over the telephone?

A Over the telephone, yes.

Q What happened to your symptoms?

B A They started to improve and then they got to a point where I was not going anywhere again. I went to this improvement and I stopped there. So we started on the Armour.

Q You started on the Armour?

A Yes.

C Q How did that work?

A I am okay now.

Q You are okay?

A I am okay now, yes.

Q What about the suggestion of depression?

D A That was nonsense really.

Q It was nonsense?

A Yes, I was never depressed – that was nonsense. I was very, very fed up with the whole thing, you know. Very, very fed up, and then it gets very lonely because you are poorly and from the outside you look like a kind of a normal person, so you are telling people “I’m not well” and they do not believe you, and it is like it is all in your mind.

E Q You told us you lost your job because of your ill health?

A Yes.

Q Are you working now?

A I am, yes.

F Q What are you doing?

A I am a health visitor for the NHS.

Q Could you have done that job a few years ago?

A No.

G Q Why not?

A It is not an easy job really, not at all. You need your energy and you need your health working.

Q How have you found Dr Skinner as a doctor?

A He is wonderful. He is the best.

H Q Tell us why, because the Panel have to make decisions about Dr Skinner. Tell us why you say he is the best?

A

A He really takes his time talking to you. He does not rush you at all. I think he knows what he is talking about. He is kind, and he is lovely. He really is good. If he wanted to make a fortune with people like me, he could make a fortune. If he asked me to go to see him once a week every week I would be willing to go and see him once a week every week.

B

Q How often have you been seeing him?

A Once every six months, so he is not making a fortune with me.

Q Do you have an NHS GP?

A Yes, I do.

C

Q Does he keep in contact with your GP?

A Yes.

Q What about blood tests?

A I do have a blood test every eight weeks now.

Q Every eight weeks?

A Yes.

D

Q Who organises that?

A My GP.

Q We have got a letter in the bundle at page 64 from a Derek Vernon, who is the Chairman of the Stockport ME Group. Do you know anything about that? They are in your city?

E

A I do know of a lady that runs the group, yes. I know of a lady there, yes.

Q I am not going to ask you any more, but the Panel do have a letter from the Chairman of the Stockport ME Group with a number of members and associates in the Greater Manchester area. I was just wondering if you knew of them?

A I know of them, but I have nothing---

F

Q You are not affiliated to them, you are not a member of them?

A No, because I do not think I am suffering from that.

MR JENKINS: Thank you. Would you wait there, please, because you may be asked some questions by others?

G

Cross-examined by MR KARK

Q What is the purpose of the blood tests? What are they looking for?

A I started on the Armour some time around the summer this year and it is still not quite as stable so that is why they are keeping an eye.

H

Q Why are they trying to get you, as it were, in relation to levels?

A She wants to make sure that my T3 has stayed within range and has been keeping within range.

A

Q And you understand the importance of that?

A Oh yes.

MR KARK: Thank you.

B

Questioned by THE PANEL

MR PAYNE: Has Dr Skinner ever taken a blood test?

A No, because I always go to see him with a blood test, a very recent blood test.

Q When you initially went to see him, when you first went to see him, did you take a blood test?

C

A Yes.

Q Did you take one on the second occasion you went to see him?

A Every time I went to see him I get a blood test which has been done very, very recently – a week before or something like that.

Q So did Dr Skinner did take a blood test on your first visit then?

D

A No, because I had one blood test which was done like a few days before. It was very, very recent.

MR PAYNE: Thank you.

THE CHAIRMAN: Thank you for coming to give evidence.

E

(The witness withdrew)

MR JENKINS: Can I just say the Panel will hear in due course that the Interim Orders Panel imposed certain conditions on Dr Skinner and you will hear about them in due course. A blood test was included. There is a risk that the Panel might start asking questions about blood tests being taken in the past; the answer is they have been but it was a condition that they should be.

F

THE CHAIRMAN: Mr Jenkins, it is eleven o'clock. Shall we take one more witness and then have coffee?

MR JENKINS: Surely.

G

MARITA LINK, affirmed
Examined by MR JENKINS

Q I know you have written a letter to the GMC about your treatment under Dr Skinner?

A Yes, I felt strongly because the improvement I made was just fantastic.

H

Q I have just flagged up the letter, and I think the Panel will be looking at it now, at page 126. You say have been a patient of his for more than six years?

A

A Yes. I first saw Dr Skinner in 2001 – I actually looked it up just recently. What had happened was I was diagnosed in Germany with hypothyroidism. I had been to the GP previously from this before with, you know, extreme tiredness and I felt very weepy for no apparent reason. I had never seen this GP before or had any real dealings with that practice. It took her 10 minutes to diagnose clinical depression. I had never had any medical problems so I had never had a history of depression or anything, so I just did not believe that was the problem and I just said to her “Isn’t there anything you can do to exclude physical ailments first?” She was not very happy about that.

B

Q This was a GP in this country?

A This was a GP here. I do not know, she just took a blood test – I do not know what it was. Later on I rang her and I said “What was it?” and she said “Oh, you had a virus”, so I do not know. I never went back to her, did not trust her on this, and eventually I collapsed – I had a real crash. I could not get out of bed any more. I had a whole host of symptoms which I did not really know that they were connected at the time. All I knew was that I was very, very tired, to the point of exhaustion. I could wake up in the morning and could not get out of bed any more. My husband was exhausted because he had to look after children, and work, and me – he had to do everything. In the end, I think one morning I got up and suddenly I thought “I have to get out of bed and I’ve got to do something with my children”. I went to the park, made myself get up; we just managed to get to the park in the car and I just had to hold my husband’s arm like an old woman. I had to sit down and we had to go back home. There was nothing really I could do. Nobody knew what was wrong but I also did not want to go back to my GP because of what she had said.

C

D

E

My mother then and my family, they were very, very concerned. I then went to Germany to a doctor of a friend of mine, who is an internist. He just said “Is everything all right?” because I was quite weepy as well. My friend could not understand why I was crying all the time – I could not understand it. He said “Is everything all right at home?” and I just said “Yes”. He then said “We’ll do a thyroid test” and that thyroid test came back, it said “latent hypothyroidism”. He put me on 25 mcg of thyroxin. Three months later he did another blood test, still came back as hypothyroid – I was on 50. In the meantime I changed GPs because we had moved. I went and saw this GP; I was very relieved because I could see a little bit of improvement. I had a lot of symptoms. The tiredness would get a little bit better – at least I could get up in the morning, which was a big improvement, and I could function at least for a few hours, so I could take care of the kids.

F

G

At the time when this happened, when I fully collapsed and I could not get out of bed, a friend of mine rang me – she is a journalist – and said “We’re doing a feature on people with” – I do not know, my son had milk allergy and, you know, would it not be interesting. I just said “I don’t think I can”. She could not recognise me – my voice had dropped, I was hoarse, I had really a slurred speech and she said “What is wrong?” I told her that I did not know and she just said “Are you sure it is not chronic fatigue syndrome”, and this is when I realised this is what I was frightened of, that I might be diagnosed with something like that. This is why I went to Germany, and then was quite relieved, even though it was a shock to learn that you will be on medication for the rest of your life – it was a real shock because I had never taken any tablets on a long-term basis.

H

A

Q How did you get to see Dr Skinner?

A Dr Skinner, I saw him... After a while I went to see an endocrinologist.

Q In this country?

A A different one, yes, privately because I just wanted to have an expert, a specialist, who could lead me through this, guide me through all this, because a lot of my symptoms had not improved – actually, the majority. I told her all this and gave her the blood test results from Germany and she said from those results they are not suggestive of hypothyroidism.

B

Q Were you on 50 mcg of thyroxin at the time?

A Yes. What she said was that all my symptoms are indeed suggestive – I have got a letter from her where she lays all this out again. She said all my symptoms were suggestive of hypothyroidism but the blood tests would not support that, but for the sake of argument or for the sake of present treatment (I think that is how she put it) she would carry on and maybe I should take liothyronine, which I did not know at the time was a short-acting thyroid medication, which I now know is T3. This did not really make sense to me – I trusted my doctor in Germany. I did not know what this was, first of all – it seemed illogical. I did not get this prescription that she gave me, I never saw her again, and then things progressed and did not get better. My husband had found the name of Dr Skinner via the internet and for the first time I researched the symptoms and I realised that all these symptoms one has, like feeling extreme cold – for years I had been feeling cold; people had made jokes about it, I annoyed people because I would sit there with three hot water bottles, a blanket, the heating on. Nobody could stand being in the house. I was extremely exhausted, my hair was falling out. All these symptoms that you would not go to a GP and say “Look, this is what’s happening, this is what’s happening”, you would feel like you had 100.

C

D

E

I never put it together but once I saw what the symptoms were I realised that I had most of them. I had to look all these up again because I have not got any of these problems now. I had exhaustion so bad that it was very debilitating. I was constantly yawning. Once a friend of mine from Germany visited me, I was so embarrassed because I could not stop yawning. I had to show them that it was not because I was bored by them. I had constant low-level headaches and what I call a fuzzy brain, which affected my concentration and memory.

F

Q Tell us how things changed once you started seeing Dr Skinner and what treatment did he provide?

A I saw Dr Skinner because I had all these problems still. The cold initially would get better but then it would come back after 50 mcg of thyroxine. Then I was on 75 because we thought because my symptoms had not improved that much, so I was in between 50 and 75 but when I took 75 I became sort of jittery and had palpitations and I was not feeling well, so that is why I saw him. I told him all the symptoms, he took a proper history, probably for just over an hour. It was a very long, detailed history he wanted. He examined my tongue, felt if I had a goitre, checked my weight. I think that is probably it.

G

H

Q Was there a blood test done?

A I had had a blood test done, I think. From what I remember, I had been on

A thyroxine so I had a blood test very regularly, I may have taken it. He insisted on actually making my GP send him on because he insisted on a referral from my GP so I talked to my GP and she must have told him – she must have told him about my blood tests and all my problems, but everything seemed normal and my blood tests actually were normal – that was the problem. So there was no suggestion that I would have that.

B Q Did he prescribe for you?
A Yes.

Q What did you get?

A Armour Thyroid, and he started off with half a grain and then it was very slow progression. Things improved steadily. I constantly checked with my husband – in that respect I am quite fortunate because once you are told you are depressed and it is all in your head you just start doubting yourself. So I constantly checked with him, “What do you think?” and sometimes he would volunteer “You’re less cold, I can breathe in this house now” – or something. So it was a very big improvement. Now, as I say, before I came here I had to get all these symptoms, because I made notes at the time because I really wanted to know whether this is working and whether this is what it was.

D Q Are you still a patient of his?
A Yes.

Q How often do you see him?
A Maybe once a year actually.

Q Do you have telephone contact in between?

E A Before, to start off with, I saw him every three months and then every six months and now, because I am well, I really do not need to see him – last time maybe ten minutes, because I did not really have anything to say.

Q You say in your letter that he requested a letter of referral from your GP?
A Yes.

F Q Before the initial consultation. He has always written to your GP and communicated with the GP?

A Yes. Yes, I have got copies of the letters he wrote.

Q It may be someone else will ask you for them, but I do not ask you to hand them up. You say since you have been in the care of Dr Skinner your health has improved so significantly that everyone around you is truly impressed?

G A Absolutely, yes.

MR JENKINS: Thank you. Would you wait there? You may be asked questions by others.

Cross-examined by MR KARK

H Q You probably know what I am going to ask you about by now. Are you showing your blood tests to Dr Skinner?

A

A Yes. My GP is in contact with Dr Skinner and before I go to Dr Skinner I have a blood test and she tells me if there is anything abnormal and if everything is in order. Because I have done it now for so long, I just do not ask for a copy I just say to him “She said everything is in order”. I do not know whether she actually sends them to him but I am pretty certain if there were any problem she would let me know, and Dr Skinner.

B

Q Do you understand the purpose of the blood tests?

A Yes, to stay within the range, but as far as I can see in my case I have had very conflicting messages with regards to blood tests and in Germany I was diagnosed as being hypothyroid; the same blood test, having shown this consultant and endocrinologist the results, on the basis of the same results she said I was not. So I just go according to how I feel now because that is what is important for me and my family.

C

Q Does Dr Skinner ever give you any indication of what he thinks of the blood tests?

A No, not really. All he said was “Blood tests aren’t everything”, which I knew already before I even saw him because of the conflicting messages I got.

Q Does he ever increase or reduce a dose, according to what he hears about the blood test?

D

A Yes, he does. He adjusts it to my needs. For example, I had, I think it was 2005, I had high cholesterol, which actually I had had previously years ago and it came up in one of my routine blood tests. I just happened to mention it, and also in combination with the fact that I was still feeling some tiredness, but I could live with it. He said “You might not have to. We could just try and add a bit of T3 and see how you go”, which is what you did. The cholesterol level – I was ready to take some supplements to bring my cholesterol down, but in fact I have not – I thought I would wait. I did and it came down and I felt better, and I have not looked back really.

E

Q Have you ever had any problems with palpitations?

A Yes. When I was put on 75 mcg of thyroxine I had palpitations, I felt very jittery and my hands would shake. So I felt very uncomfortable and not good, and this is why I saw Dr Skinner.

F

Q Was that before you saw Dr Skinner?

A Yes.

Q Once you saw Dr Skinner?

A No.

G

MR KARK: Thank you.

Questioned by THE PANEL

THE CHAIRMAN: Could I ask what dosage you are on now?

A I am taking two and a half grains of Armour Thyroid, 150 mcg of thyroxine and 20 mcg of liothyronine, which is T3.

H

THE CHAIRMAN: Thank you. Thank you very much for coming to give evidence.

A

(The witness withdrew)

THE CHAIRMAN: I think now we will take a short break and return at 20-to twelve.

(The Panel adjourned for a short time)

B

PAUL SHOPLAND, sworn
Examined by MR JENKINS

Q You are Paul Shopland and you are the father of Christopher Shopland?

A Yes, I am.

Q Christopher is 20 and he sits behind you?

A Yes.

C

Q He is in the grey suit in the front row?

A Yes, he is.

Q He is entirely content that the Panel hears about his medical past?

A Yes, absolutely.

D

Q What you have done, I think you have written to the GMC and the Panel have at page 32 a copy of a letter that you and your wife wrote. Attached to that, at page 35, is a document that you and Christopher prepared?

A Yes.

Q Setting out the history of his illness?

A Yes.

E

Q And attached to that are a number of charts?

A Yes.

Q That takes us, in the Panel's bundle, to page 40. So we have eight or nine pages or so of material that the Panel will have, they have it now and they will read it in due course. It contains some of the charts that I think you have included in a PowerPoint presentation?

A Yes, I have.

F

Q I think that material from this presentation has been drawn together as a history of Christopher's illness and his treatment?

A It was drawn together throughout the history, as we went along.

G

Q And a lot of it has been presented to doctors, a sort of multidisciplinary team?

A Yes, there was a three-monthly view, at which I had to give a statement of how Chris was feeling and I have all those records, and from this I produced this information.

H

Q Plainly this hearing is about Dr Skinner and in order to consider Dr Skinner's treatment of patients it is necessary for the Panel to look at individual patients from time to time, but I do not think it is going to be terribly helpful if we go through, in minute

A detail, the history of Christopher's illness, all right?

A No, and I think I have kept it reasonably high level and I can go as fast as you see fit.

Q Obviously you have got a number of screens that we can look at but tell us, firstly, Christopher is 20 now. How old was he when he first became ill?

B A He was nine when he first became ill.

Q How did it present?

A It presented as a flu-like illness and I have got that on a slide.

Q If you want to show us, by all means do.

A Would it be useful for me to explain the scale I am using?

C Q Tell us what the AYME ability scale is. What does that mean?

A The Association of Youth with ME (because we were diagnosed as ME), there is a person called Jill Moss who wrote a scale of ability based on the Karnovsky scale, which is an empirical scale to try and see how people are feeling, to see if they are improving or getting worse.

D Q So that is acronym, Association of Youth with ME?

A Ability scale, and it is on their website. For example a 50 per cent person has moderate symptoms at rest, increasing symptoms following physical or mental exertion, regular rest periods, short home study possible, non-active social life, not confined to the house, but unable to walk much further than 200 yards.

Q That is 50 per cent?

E A That is 50 per cent. Obviously zero is in hospital, and it goes in ten per cent increments. I have that if people would like it.

Q I think we have in your letters several of the charts and I just want to orientate the Panel through the charts. It is a letter that you wrote but you can see in it these sort of charts – page 37. They have not photocopied terribly well so we are missing some of the points as far as time. It is not terribly easy to read that, but if you can take us through the relevant information about Christopher's history. He started when he was nine.

F

A Okay.

Q How badly affected was he at that point?

G A Shall I start here, when he was nine? This is a picture of Chris in good health in August 1996 on his way to school on the left-hand side, and on the right-hand side is Chris climbing in Dartmoor, which was one of his passions. Unfortunately, later on in that year we all caught flu. Chris caught the same virus but he did not fully recover from it. It was just one of those things, it went on for weeks and weeks, but he had a complete change in behaviour and he was no longer able to sustain physical or mental activity. We used to play football on Saturdays locally with friends – that had to stop. He was unable to cope with a Christmas outing; we have had a Christmas outing every year on a Santa train and Chris used to be quite animated during those trips, but this year he just sat and was not animated at all. He made the visit but he clearly was not himself. He was unable to cope with full-time at school at that point and he just could not take in new

H

A information; he was having problems learning at school. Shall I carry on with the next...?

Q What happened, so far as consulting with medical practitioners was concerned?

B **A** At that point it was a few trips to the doctor, no referral to a consultant, no real help and people did not seem to know what to do. ME was not really diagnosed at that point. We were just being encouraged to get him back to school, which was proving quite difficult because he was not well. By the end of the next year, after not much medical help at all, we had to remove the drums from his bedroom because he could not physically move his arms to play the drums – it was just too tiring for him. He was getting worse by that point in time.

C Around about that time there were some tests done for glandular fever but they were inconclusive. It is a strange test, I think, and it is not always conclusive. Thyroid function tests were not done. Doctors were a bit bemused, as were we, and they thought he was having a bad year, and we just carried on basically.

D It got worse the following year – it does improve slightly later, before it gets worse again. It got worse the following year. We used to go climbing and shooting on holiday, because you can see we were an active family. Chris did PE in school, he used to like rugby, but we had to stop all of that and we agreed with the school to do part-time attendance. When you do that, a lot of people get involved – the medical profession, the educational welfare officer and all sorts of people get involved – and so we had a lot of people asking us why we were not sending him to school when the doctor could find nothing wrong with him. It was a quite difficult time.

E He had some more symptoms – weight loss, sleep impaired, became very slow, unable to concentrate and started getting muscle and joint pain as well. *This* is Chris; as you can see, he is quite skinny at that point.

Q That is you on the right?

A That is me on the right.

Q Is that the younger brother?

F **A** That is Chris's younger brother, Matt, on the left.

Q You have several children?

G **A** Just the two. We were all confused, doctors and us, at that time, although I must say there was not a great amount of help from the doctor – we were not referred anywhere at that point. Chris in 1999, which is four years into the illness, did seem to pick up a bit. As parents, we were then under huge pressure because we had been doing part-time at school and unless there is a medical condition you need to send your children back to school. We did not know what it was---

Q It is the law?

H **A** It is the law, yes – exactly. So we did send Chris back to school, to initially half days and then full days. At that point in time we thought he was near 100 per cent. We bought him a new bike, we went on holiday. Chris could cycle around the campsite but still could not go climbing. We thought “Okay, it's glandular fever maybe, he's recovering. We just wait this out and it's all going to be okay”. At that point in time we

A were fine. The doctors at that point had not really been involved too much and not lots of testing had been done. Christ, however, said much later that he knew it had not gone away at this point. We were not really listening to Chris, we were sending him back to school, the doctors did not know what to do; we were not really listening to what Chris was saying. So he had had four years of reduced activity and, looking back, no-one appreciated how ill he was and no-one, including us and including the doctors as well and the paediatricians and other people, did not really fully support him. I do not know if that could have been different, but I think it could if you look at the way some of his blood tests came out later. I think we could have definitely discovered it at that point in time.

B Q Take us on.

A We were hoping for great things. We sent him back to school. Unfortunately, that made him really, really quite ill. He went back to part-time schooling and then he just continued to get worse and worse and he is now down to 30 per cent on the ability scale.

C Q Which means what, 30 per cent? You have told us 50 per cent, maximum 200 yards?

A Thirty per cent is moderate to severe symptoms at rest, possible weakness in hands and arms, severe symptoms following any physical or mental exertion, usually confined to the house. May enjoy a quiet wheelchair ride or gentle walk in the fresh air. Most of the day resting, some small tasks possible, e.g. letter writing. Mental concentration poor, home study very difficult indeed. As you can see, we did have home tuition – we wanted to keep Chris in the education system despite him being not completely well. He had a three-hour per week education sorted out for us by the multidisciplinary team, and we had to reduce that to one hour and then stop it altogether. Chris could no longer sustain that.

D Q What was his concentration like?

A His concentration was extremely poor. I have a picture *here*. We thought ME limits were being exceeded. I will just get you a picture. His concentration – this is Chris; *this* is his concentration. He was just on the sofa. He could just about get downstairs and on to the sofa at that point in time. We did at that point get sent to a consultant, as you can see on the bottom left. They said the blood tests were normal and ME was diagnosed. I said *here* “Despite hypothyroid symptoms”, because if you look at ME symptoms and hypothyroid symptoms they overlap completely. However, this consultant did not really look at symptoms properly, he looked at the blood tests, and he said to Chris – we had managed to get Chris to the surgery; we said “Chris, you’ve got to go, despite your being housebound”. We got him in the care, we carefully drove him there, he walked up the ramp, I remember, with shaky legs and walked in, and the consultant said “I see you’ve managed to walk in here then”. He said he was normal, it was probably ME and suggested we try and send him back to school. You know, we were now feeling very bad as a family because no-one can say what is wrong with him, we think it is ME but---

E Q Were there other doctors involved, in addition to the consultant that you have identified?

A At that point there was just our GP and the consultant. Later on there was a paediatrician, psychiatrist – I will get to that in a minute – and lots of other people.

F Q Take us on then, if you would, please?

A A Actually Chris's TSH was outside the USA limit and inside the UK limit, so I believe that a clinical trial was required at that point, or even earlier, because when Dr Skinner treated him six years after this point it did actually work, quite quickly. Unfortunately, it did not get any better and it just got worse. Now he was---

Q Below ten per cent, for your points 9 and 10?

B A Yes, 9 and 10 I have a separate slide. He was in hospital. He could collect Pokemon cards – you might know Pokemon cards. He collected Pokemon cards, several, put them in a folder. We went to buy them, we said “Chris, this is your cards”, he would sort them and put them in the folder. That was reduced to him being able to put just one card in the folder every day. He was bed-bound, he had problems swallowing at that point in time. He had chest pains. We called doctors several times because we thought he was having a heart attack, but they could find nothing wrong with him. Again, that was the GP or the locum that was on call at the time. He was unable to cope with stimulation noise and light. He was basically at that point in time in a room with the curtains closed. We had to keep it very quiet in the house.

C Then people become very suspicious of you. As you will see later, we thought that they thought perhaps it was child abuse or something like that. It clearly was not. At that point a community paediatrician was assigned. We were very worried because of these heart symptoms and Chris not being able to do anything. A physiotherapist was assigned to the multidisciplinary team. She came to visit and she said “He's too ill to do that, so we can't do any physiotherapy”. Really, there was no more medical follow-up at that point. It was all based on the consultant, Dr Emond, looking at one set of blood tests at that point in time.

D I do wonder about ME, and if you look at what should be diagnosed before you say it is ME you should look at all sorts of things before you say it is ME, including thyroid tests. Clearly at this point in time, as it says, tests for thyroid, but it seems the test must be flawed because it did not pick up my son's condition at the time.

Q So there was a thyroid test done?

E A There was a thyroid test done and the results that Dr Emond got back said that he was normal. They just measured TSH, nothing else. He was inside the UK limits but he was outside the USA limits.

Q If we had spoken to the doctor at this point, “What's wrong with Christopher?”, what would they have said to us?

F A The local doctor did not really get too involved and stopped coming to the meetings. The consultant saw us once.

Q My “the local doctor” do you mean a GP?

G A My GP – he did not come to the meetings. So actually we had a physiotherapist, a teacher, an educational welfare officer and a psychologist at one point in time, but no real medical help despite the multidisciplinary team.

H Q You said Dr Emond, who was the paediatrician – came once?

A We went to him once.

A

Q You have told us the comment?

A Yes. He was not very helpful. He was quite derogatory really. He said the blood tests were normal and that was the last involvement we got with any medical consultant. The GP did not know what to do.

Q Where are we now, 2000?

B

A You might not want this, but I have just got something to say. Obviously the UK limits are set around something around 0.1 and 5 and that is because the survey that sets the limits by the laboratories includes sick people---

Q Mr Shopland, I am going to stop you because you are arguing the case. If you are medically qualified, I will not stop you.

C

A Can I just show you *this* graph then, which is roughly where Chris is between those two limits. I believe he would have been diagnosed in the USA and it has proved later that Dr Skinner's treatment has worked.

Q I understand and, again, the Panel will see in your document to an extent you argue the case, but take us on with Christopher's condition, if you would?

A I will find the next slide that says that. You are not going to let me quote the BTA guidelines then, are you?

D

Q No.

A Okay, which actually tests blood tests rule, but actually they do not because it did not work.

Q The Panel has heard evidence to that effect.

E

A I am sure. Okay. One of the things we did do was go to Europe and get a urine test.

Q You mentioned in your document that you went to, was it Holland?

A Holland, yes. I have just got this slide which shows that his T4 and T3 were low and they also do a T3:T4 ratio. We did this ourselves much later, not fully appreciating necessarily what this meant, but we did do this test and we wish we had done this many, many years earlier, of course.

F

Q What was Chris's condition between 2000 and 2004?

A Between 2000 and 2004. So he has had five years of undiagnosed hypothyroidism, in our view---

G

Q The quote at the top of that slide, if I can ask you to go back, "No more tests are needed. They won't be useful". Who was the paediatrician who said that? Was that your local paediatrician, the one you have mentioned?

A Yes. Not the doctor, the paediatrician. So she was assigned to the case but that was what she said.

Q Were any other tests done?

H

A Not at that point in time. No. Sorry, other tests were done once Dr Skinner was involved and the GP did other tests.

A

Q We have got this chart at page 37 and we can see that there is a gradual rise and then something of a levelling off for a period of time. Perhaps you can take us to where we are?

A This is just his symptoms. You have seen symptoms before---

Q They are in his document.

B

A They are in his document, okay. It did get worse and Chris did go into hospital, so he went down to possibly zero per cent, five per cent. He was in hospital for some time and then he came out of hospital and came home, so I would start at that point in time. *This* is Chris just after he came home, aged 14, and he was extremely ill with lots of symptoms which you have probably heard us before.

Q Can you show us those photographs again?

C

A Yes. (*Shown*) So Chris was overweight, puppy face, red cheeks – I am afraid I will have to go back to my list of symptoms if you want to hear them.

Q It is all right, it is in his document. We do not have the photos included in the letters and the correspondence.

D

A So we had a multidisciplinary team. It was diagnosed as ME. We were told to use pacing and management, which is in the government reports and in lots of information about pacing and management, so we did it rigorously and effectively. The panel of people that we presented to said that we seemed to know more about how to treat ME than they did and we actually educated a lot of the disciplinary team. The psychiatrist said Chris was absolutely fine, that was not the problem, and throughout the next two years Chris slowly recovered to 30 per cent which, if you remember, was not a very good state of health at all.

E

We were hopeful at that point in time that he would continue to recover just by using pacing and management, but between those two years there was no medical intervention at all except by the people who thought it was ME. *This* is Chris then. Again, still looking overweight, still confined to the house, still having symptoms that if he moved around he was ill. He had to rest for probably two hour blocks in rest and then up for half an hour reading a magazine and then going back to rest for two hours. He was confined to the house. The swallowing symptoms had slightly improved but he was completely low in energy.

F

Q Just remind us – he is 15 at this point, is he?

G

A He is 15, yes. We have gone about six or seven years. We thought at that point in time that maybe he is going to keep recovering. Unfortunately, it just levelled off because he was not receiving any treatment at that point in time so it just levelled off for another year and a half.

Q This is a time when he would be doing exams at school?

H

A Absolutely. He stopped doing everything – no exams, no education, no friends. He had one friend that came to visit him and it gradually tailed off. We were, as a family, trying to keep him motivated, playing a card game with him for five or ten minutes, talking with his brother, making it look as though things were kind of semi normal, but they clearly were not; telling him not to worry about his friend, he will make friends in the future. Education: we said “You’ll catch up somehow, Chris” – which we will get to,

A because he is catching up slowly. But opportunities that he may have had through education have been closed down.

Q Let us go on, if we may?

A Just a picture of Chris at the end of 2003 in the same condition.

B Q It is mid-2003, is it not?

A Yes, this is May and February. He just stayed in roughly that condition for that year. So he had then had four years of reduced of activity, then one year of rapid decline and then three more years of virtually no activity and no real treatment from anybody except for our pacing and management. Probably at that point in time we truly believed that if we kept the pacing and management it might work.

C The next thing that happened was that Chris started to improve. But he started to improve because we had found a doctor, called Dr Wright, who was doing some research into bacterial effects in the gut and the way that that affects the use of T3 and other things. He gave Chris several things – we went gluten free, we did some natural antibiotics – but he also gave one grain of Armour Thyroid. That had an amazing impact in that Chris went from 30 per cent to 50 per cent. We were really, at that point in time, more hopeful; now we were really hopeful this was going to continue.

D Q I think it was about that time that you had the blood test done in Holland?

A Yes, it was. As part of Dr Wright's treatment, he actually put us in contact with the lab in Holland and the results were sent back to him and to us.

E *This* is Chris after one grain of Armour Thyroid. He clearly has lost weight. He is still mostly confined to the house but *this* is Chris opening a Christmas present, whereas before he was lying down most of the day. So Chris at 50 per cent can walk around the house and do things round the house. He still cannot really go out – and also at that point in time, of course, Chris does not know what “out” means because he does not know the local area; he has not been out to play for years and years. He is worried if he goes out he is going to get lost and not find his way home. He does not know how to cross the road and look for cars – there is lots of things that Chris, at this point in time, is nervous about. But he has been assessed as psychologically sound and we assure him that we will help him to readdress these learning points that he has not had because he has been confined to the house, and we expect things to continue, to recover.

F Unfortunately, they did not continue to recover. It just flatlined for another year and a bit and we are now beginning to be at a complete loose end now. We have been a family with a sick child for eight/nine years, no education. It has completely destroyed all family life. We had lost friends, our family stopped visiting as well – it has been really quite a difficult time for all of us.

G Q You have hinted that there was suspicion on you and your wife?

A There was suspicion on us. We were investigated for child abuse. They held a meeting, a private meeting, to consider, as a panel, whether they thought it was child abuse. I did not find that out until Chris was admitted to hospital and on the day of admission the person admitting us was flipping through the notes and reading out from the notes, and she read out “Oh yes, there was a meeting on so and so date”. I said

H

A “Excuse me, I don’t recognise that meeting”, and that was the meeting where they had held a child abuse panel – which they have to do, by law. They did conclude that it was not child abuse in that panel.

Q What was the diagnosis?

A The diagnosis was ME because Dr Emond, the consultant, had said so.

B Q Take us on. Again, we know that there was to be an improvement very soon?

A Yes. Late in 2005 – I just have a picture. *This* is the effect of Armour Thyroid and it increased, a step change, and *this* is Chris in 04 and 05. He is much more animated around the house; he is not lying down but really is still restricted to the house and still has to be careful about pacing and management, but he has improved.

C Q I think in his letter or document he talks about being able to go to a church group twice a month, managing to go on a tennis court for ten minutes?

A Yes. At that point in time he can now watch a complete film on television, whereas before that was very difficult; he has gone from using the computer for about an hour to using it much more; he actually starts an art lesson once a week, which has helped him get to art college (as you will see later), so that has been really useful. Over this period of time we tried to get back into Chris being a more normal person and he does art

D one hour a week. He sees friends. As you say, he went to a church group and I took him to a tennis court and we hit a ball around for ten minutes on a tennis court and we had to stop. Again, we were hoping for it to continue to improve, but it just stayed the same. But there was slight improvement. Chris was just able to go out for those trips in the car; could not walk far still but had to go out for trips in the car. Shall I go on?

Q Take us on, because you meet Dr Skinner fairly soon, do you not?

E A Yes, I do. Chris starts to recover. Why does he start to recover? Because we found Dr Skinner. Dr Skinner assessed Chris and increased the Armour Thyroid dosage from one to four grains over a period of time slowly and there was significant immediate improvement. It has been quite remarkable – the change has been absolutely remarkable.

Q How did you come across Dr Skinner? How did come to hear his name?

F A It was a tortuous and kind of strange route really. Because of the Armour Thyroid we had been prescribed, we started to look on websites. We had some books my wife had been given, and I think Dr Skinner’s name was in one of the books. I came home from work one day and my wife said “I’ve made an appointment with Dr Skinner” because she is a very proactive person – I was still thinking about it and she had made the appointment. She had found the number somewhere in one of the books and made the phone call.

G Q Tell us about the improvement in Christopher?

A Within a few months Chris could go to the driving range. He could not go on to the golf course but the first time I took him I was extremely worried because we had been through ups and downs before. I still thought it might be ME. I still thought if we do too much he would get worse, but Chris managed to hit the golf ball for about 20 minutes and then we drove back home again. He also at that point in time managed to get to a Christmas meal, which he had not been to for years and years and years because he just was not able to get across the city and up the stairs to my family’s apartment. So Chris

H

A was able to join us for Christmas at that point in time. Again, I was nervous, I have to say, because was it ME? Because we had had so many setbacks in the past. But it did not stop, it just carried on improving. It has been absolutely fantastic.

B I have just got a picture now of Chris in 2006. By 2006 Chris had gone back to what he loved to do, which was climbing. *This* is Chris in July 2006 in the Cheddar Gorge on the left and in the climbing centre on the right. I must say this was fantastic, fantastic stuff, but Chris still did not have any friends, he still did not have any education, so he had all that ahead of him still because of all these years – he had lost his life basically. In terms of being able to do things, Chris has gone from cinema trips, now he is doing college work because we had got him on to an access course to try to catch up. So he was doing maths and English and psychology. He, at some point, passed a driving test and we bought him a car, which meant he did learn about the outside of the house and the roads and the actual neighbourhood, which was great. He started climbing and he played golf on the golf course, not just on the driving range.

C If I just continue, *this* is Chris in 2007, which is this year, in the Pompidou Centre in Paris on the left and in the Eiffel Tower on the right. Chris encouraged us to climb the first stage of the Eiffel Tower by the steps which we did. We were very tired, Chris was really not very tired at all. *This* is Chris on the left in 1996 and *this* is Chris on the right in 2006. **D** We have had now ten years of lost birthdays, lost Christmas, lost holidays, lost friendships; years and years of education lost – a lost childhood really. This is just Chris's losses – we had lost family life and all sorts of things as well.

Q Of course, and there is a younger brother as well?

E A There is a younger brother as well. Matthew had to be quiet around the house, had to go to his friends' houses rather than having friends over – we have now started to change that around completely. So all those days and days of illness, lost career potential – I am not sure how that will pan out. I would like to take this opportunity – no, that is the next slide. Just a quick summary then: misdiagnosis, then a complete dip down, a gradual recovery but not beyond 30 per cent, step change because of the small dose of Armour Thyroid and then Dr Skinner gradually increasing the dosage has brought significant and quick and long-lasting and complete recovery, which is amazing.

F Q Does Christopher see Dr Skinner?

A Yes.

Q With what degree of regularity?

A I do not know – six months, probably.

G Q What treatment is Christopher on now?

A I think it is four grains of Armour Thyroid and visited Dr Skinner recently, who recommended staying at that dosage.

Q Perhaps it is obvious, but how do you regard Dr Skinner as a medical practitioner?

H A I think Dr Skinner is an amazing person and I would like to thank him publicly – and I say it from the bottom of my heart – for saving my son's life, because he did not have a life before and now he has a life. I think Dr Skinner's insight into the way the body works and the way thyroid treatment works has actually saved my son. Other

A doctors who have seemed constrained to follow the guidelines are not treating people, are not saving people, are not diagnosing people with the right illness. People are being diagnosed with ME when they are being diagnosed with hypothyroid. It is probably not the whole ME percentage but a good percentage – some percentage, I do not know what percentage – of the ME population probably are hypothyroid and they are not being treated.

B Q Just going back to Christopher, I think he took an A level and two GCSEs in one year at college?

A Yes, he did.

Q And has started college in September?

A Yes, he started art college in this year in September.

C Q And he is back where one hopes he would have been?

A He is now at somewhere between 98 and 99 per cent. There is still one thing that he is slightly having trouble with and that is aerobic exercise – like cycling or something. So he climbs, he goes out to the pub with his mates, he drives, goes to college, works all weekend to do college work; sometimes if he does aerobics he gets tired, but that might just be because he is not so fit as he previously was from the aerobic point of view – or it might be some permanent damage because of the eight years of illness, we do not know. So he still has to moderate his life slightly in terms of aerobic exercise, but apart from that he is completely back to health, and it has happened over the last two years.

D

Q What would happen if Christopher could not be treated by Dr Skinner?

A I really, really dread to think. It is quite clear to me that he would be tumbling back down that graph and he would be having those symptoms again and he would be in some state of not being able to think, not being able to move, to use his energy, he would not be able to do all the things he is doing now, he would have to stop college and he would lose any future career that he might have that he is catching up on at the moment. It would be a complete disaster. It would be like a signing of a life sentence to him of being ill.

E

Q You say in your letter – it is page 33 for the Panel:

F

“One major concern is for my son’s treatment once Dr Skinner retires. Because of the difficulties referred to above, my son cannot rely upon appropriate treatment from the NHS.”

G A We have to pay for our own Armour Thyroid. Our local GP is not happy to prescribe Armour Thyroid. We know she is prescribing T4 for other patients but we know that she is worried about that because of what is happening in the medical profession. We also know, because of friends, that she has gone to her husband, who is also a GP, and he has said “Continue to treat people because you know they get well, and if you get struck off then at least you’ve helped some people”. So she is worried. Some doctors are choosing not to treat at all and there are a few that are choosing to treat but are very worried because of the position that the BTA takes.

H Q Armour Thyroid, which has brought about Christopher’s recovery, cannot be

A

prescribed on the NHS?

A We have asked once and we are thinking about going back to ask her again.

Q You talk about a postcode lottery in your letter?

A Yes.

B

Q Tell us what you mean by that as far as Armour Thyroid is concerned?

A I know that there are areas, speaking to other people that I have met here, that some other doctors are prescribing Armour Thyroid.

Q On the NHS?

A Yes, and I know that you can prescribe it on the NHS but the liability is then down to the GP. They are not covered by any – I guess it is insurance or something. They are advised not to unless it is under their own liability. So unless they know – or I guess we now know; I probably know more about this in a non-medical way than my GP does and she is worried. She is concerned.

C

MR JENKINS: Thank you very much, Mr Shopland. Would you wait there, because you may be asked questions by others.

D

Cross-examined by MR KARK

Q I just want to understand how it now works because in your letter you talk about Dr Skinner working in partnership with your GP. Is the position that Dr Skinner is prescribing the Armour?

A Currently, yes, Dr Skinner is prescribing the Armour.

E

Q And your GP is doing what?

A My GP is doing the blood tests and liaises with Dr Skinner and they share all of the information.

Q So your GP is taking some part in it; in other words, the blood tests are being done, they are liaising with Dr Skinner but the GP herself does not want to prescribe Armour?

F

A Correct, she does not want to prescribe Armour.

Q But the purpose of the blood test, obviously, is to try and keep Chris, presumably, within some sort of reference range?

A I am not sure necessarily what she thinks the purpose of the blood test is. It did take her about three to four attempts to get a T4 and T3 test done by the laboratory---

G

Q Because they were just doing a TSH test?

A Yes. Every time she wrote they sent back and said "He's in range so we're not testing the rest". He is inside the UK reference range but outside of the USA reference range. I think she is aware of some of the complications of the reference ranges.

H

Q Did you know that Dr Skinner was under Interim Orders conditions or not?

A When we first went to see him, no.

A

Q When was that?
A In 2005, end of 2005.

Q But you became aware of it later?
A Yes.

B

MR KARK: Thank you.

Re-examined by MR JENKINS

Q I think what you have said in the document you and Christopher have drawn up, at page 36 in the penultimate paragraph, that Dr Skinner wrote to your GP, Dr Donald – who thinks he writes a very nice letter?

C

A Yes.

Q And working in partnership with her asked for a blood test six weeks after a dose increase?

A Yes.

D

Q So he asks the GP to do blood tests?

A Yes.

MR JENKINS: Thank you.

THE CHAIRMAN: Thank you very much, Mr Shopland.

(The witness withdrew)

E

JACQUELINE PARKER, sworn

Examined by MR JENKINS

Q I think you are a patient of Dr Skinner?

A I am.

F

Q I think you are a deputy head teacher at a comprehensive in Wales?

A That is correct.

Q How long have you been a patient of Dr Skinner's?

A Since 2005.

G

Q How did you find him?

A I had presented to my GP for probably about three years with growing signs of fatigue and symptoms which I was having difficulty explaining. I had then been referred by my GP – my GP is excellent, but she had referred me following various blood tests to a general consultant who had suggested that I had chronic fatigue. To be perfectly frank, he treated me in a way as if to say “You’re a teacher, you’re probably in a very stressful job, you probably have a little bit of depression”, which I did not believe, “your father died recently”. I had also lost my partner in tragic circumstances and he suggested that all of this, which had happened two years previously, was related to that.

H

A

I had blood tests and one of the partners in the practice had said to me that my T4 levels were low and my TSH levels were increased but that was within the normal UK range for T4 therefore we would monitor that. It came to a point where – I am very ambitious and I am also very conscientious in my job and I felt that to be a mother of two teenage children and to do my job effectively was becoming increasingly difficult. I spoke to my GP and we mutually agreed that I would go to see Dr Skinner – she referred me. I had received reports from – someone in work had mentioned that someone else they knew had gone to someone in Birmingham who was very good, mentioned his name, I looked him up on the internet, my GP did the same and thus the referral followed.

B

Q Were you on any treatment when you were referred to him?

C

A No, I was not. I had been offered by the other consultant who had diagnosed me with chronic fatigue some breathing exercises, some dietary recommendations and he had suggested I might like to take antidepressants, which I had absolutely declined.

Q When you saw Dr Skinner, did he recommend any treatment?

D

A Dr Skinner was a revelation. I must emphasise, when you are in this position and you are intelligent and you think “Maybe I am just lazy, maybe I am just tired, maybe because there has been a family bereavement perhaps it is a reaction to that”. I worked every day, I was not someone who took time off work, but I would come home and I would be freezing cold, I would be absolutely exhausted – I said in my letter I felt like I was in a fog and it felt like the fog was getting thicker. You are an individual, I had had very good health prior to that, I had gained two stone in weight, I had been someone who did aerobics every week, who could play golf, who was very energetic, I had no energy whatsoever.

E

When I went to see him I was very, very dubious. I thought “Oh yes, what are you going to say to me now?”, and I have to say he was an absolute revelation. He took a detailed family history, I had a detailed questionnaire to fill in, which he then checked through with me thoroughly; he gave me a physical examination, then went through all my symptoms with me and explained to me why he felt I was hypothyroid. Everything he said made enormous sense. He then told me he would put me on a course of thyroxine and that that would be a very gradual increase. He had demanded blood tests and a full history from my GP before I went. He encouraged me very strenuously, in the way that he does, to read up, to find out the information, to become fully familiar with my condition. He went through the contraindications of medication, he went through all the things I should be aware of, and he then told me to come back in six months. He said “You can ring me if you have any problems”. He informed me that I could always get in touch by letter and that after six weeks he would like to know how I was getting on.

F

G

I have to say that I started off on 25 mcg of thyroxine; there was a gradual increase for three weeks then up to 50, a very gradual increase. He encouraged me to work very closely with my GP. He wrote to her and has corresponded with her on a very regular basis since then. The change was miraculous. I went from thinking I might be slightly...you know, when you are in this situation you think “Perhaps there is, perhaps mentally I am slightly not seeing the world correctly”, and within three weeks I began to feel much more energy. I can empathise with all the testimony I have heard this morning. You go from feeling – mentally, I am a senior manager in education. You are constantly

H

A making decisions which affect people's lives. I found great difficulty in making decisions and I had never had that problem before. One of the first things I remember Dr Skinner saying to me was "Do you have problems in making decisions?" and I said "Yes, I do. I find it really difficult. I am beginning to think I am losing it" and he said "No, that's one of the symptoms". It was such an answer to a prayer.

B Within three months the difference was absolutely astonishing and he has monitored my condition very closely since then. I saw him after six months. The dose was monitored by him and my GP and Tertroxin was introduced, I would say, about three months ago. I would say that now I feel absolutely fully fit. I have been promoted to deputy head 18 months ago. I could not have undertaken either looking for that job or getting that promotion without the change in my health.

C Q Perhaps it is obvious from everything you have said, but how do you regard Dr Skinner's level of care for you?

A I have to say, quite genuinely as a professional deputy head here and being very aware of the seriousness of this Panel, I have no doubt that this man is truly professional. He treated me with intelligence, he expected me to take responsibility for my condition, he expected me to work in partnership with him, he has been fastidious with my GP. He informed my GP of the Fitness to Practise Panel.

D I would also say to you that as a result of that information which he passed to my GP, and he has spoken to her several times on the phone, she had been prescribing my thyroxine but now, on the advice of her insurers, she has now ceased to – to be precise, she has said to me that she would cut the dose of thyroxine back because they would have to go back to the scenario where they could show by blood tests that I was absolutely hypothyroid before they could prescribe for me again. She has been very good and she said "We'll start to reduce your dose". I have then spoken to Dr Skinner and seen him again. I now pay for a private prescription, but I am very concerned that should I not be able to consult Dr Skinner, I am very concerned that my health will once again suffer. I have a duty of care to all those students and staff who are within my remit as deputy head teacher. I take that remit very seriously. I can only say that he has been exemplary in his practice towards me and I have nothing but the highest regard for him.

F Q And he is the one who prescribes for you now?

A Yes. I must emphasise, we have had a lot of conversations about blood tests but the blood tests are rigorous and he insists on them prior to the consultation with him. He discusses them with me, as does my GP. He was fastidious in explaining the various ranges, what was perceived as normal, what he felt a functioning adult should have. My GP still monitors my blood tests; I am now having blood tests every three months.

G MR JENKINS: Thank you. Would you wait there, because you may be asked a question or two.

Cross-examined by MR KARK

H Q Just on that last point, what did he say about his views on what a functioning adult should have?

A When I presented to him, my T4 was 12 and my TSH was raised quite markedly.

A

Q Do you know what it was, when you say “raised quite markedly”?

A I think it was over 3. I could not tell you precisely, but I had had a series of blood tests at the GP and it was clear my TSH was going up and my T4 was going down. My TSH was something like 3.2 but I could not be specific on that. My T4 is now 17 and my T3 is 4.1. He felt, as I did, that a 12 at that point was really not what he would expect.

B

Q And your TSH now?

A Is just over 0.1. So I am appreciative that is regarded as slightly low, but given that I am taking the medication a lot of studies would suggest that is perfectly acceptable.

Q As he treats you now, he is keeping an eye on the blood levels?

C

A Yes. He still works with my GP. The blood tests now, because the prescription has just literally in the last two weeks moved to a private prescription, the blood tests now are taken three-monthly and he still works with my GP.

Q You told us when you first went to see him he went through the contraindications?

A Yes.

Q I did not get a date for that. When do you say you first saw him?

D

A 2005. So on that first meeting one of the things that was most impressive was he confirmed the diagnosis of hypothyroidism, he told me why he felt I was hypothyroid – enlarged tiredness, severe cold, all the symptoms I have mentioned in my letter – and was fastidious in that. He also was very careful to explain to me any contraindications of the medication---

Q What did he tell you about contraindications?

E

A He talked about the need to keep within appropriate range. He talked about the potential for – you know, there was need to consider future considerations for possible scenarios with bone density, he talked about palpitations. I am just about to have a bone scan with my GP. He shared that information with her. There was a series of things that we went through; I am not sure I could give you chapter and verse on them, but I remember them quite specifically. He also said to me to read and gave me a list of information to read, which I subsequently did, because I do believe we are all responsible for our own healthcare as far as within our own knowledge. He encouraged me to continually make sure I knew all the facts from a variety of different sources.

F

MR KARK: Thank you very much.

G

Questioned by THE PANEL

THE CHAIRMAN: I am sorry, you may have said – what dose of thyroxine and whatever are you on now?

A I am currently taking 175 mcg of thyroxine and 20 mcg of Tertroxin.

THE CHAIRMAN: Thank you very much. Thanks for coming to give your evidence and I think you are finished now – no more questions.

H

(The witness withdrew)

A

MR JENKINS: Madam, I am going to call the patient you know as “B”.

PATIENT B, sworn
Examined by MR JENKINS

B

Q I know you do not mind your name being mentioned in public?
A Not at all.

Q But we have called you “B” over a period of many months, so I am going to keep calling you “B” if that is all right. What I am going to ask you to do though is just write your name on a piece of paper so that people can identify you are indeed the person we know as Patient B. (*The witness wrote on a piece of paper, which was shown to counsel and the Panel*) We have heard evidence that you were seen by Dr Skinner as a patient?

C

A Yes.

Q Tell us how you came to see Dr Skinner as a patient?

A I had some therapy from different people. I was lacking in energy and three therapists of different types I had been to – sorry, I am a bit nervous – said they reckoned I had, two of them specifically mentioned thyroid and one mentioned hormone problems.

D

A friend of mine is a laser therapy – well, we had just become friends – and she offered me a laser therapy treatment that I had not had before and suggested after that perhaps I had an under-active thyroid and that she knew Dr Skinner and that I should perhaps have a consultation with him about it.

Q Where did you see him? Was it in Glasgow?

A It was in Glasgow, yes.

E

Q You live near Glasgow?

A Thirty miles, yes.

Q What happened when you saw Dr Skinner?

A He gave me what I would say was quite a thorough examination. He took my pulse, said it was very slow. I told him that my mother also had a very slow pulse – she could not wear a watch in the days before quartz because they just stopped. He suggested he thought I was hypothyroid and that I should see my GP, and he would write to my GP and I should see my GP and have my blood tested.

F

Q Did that happen? Did you have a blood test?

A I did have a blood test and I explained everything to the GP.

G

Q Was that Dr Blair?

A Dr Blair, that is right. I told him I was depressed and lacking in energy and he offered me antidepressants, which I did not want to take.

Q Sorry, this is Dr Blair?

A Dr Blair, yes.

H

Q He offered you the antidepressants?

A

A Yes.

Q Which you did not want?

A I did not want to take them, knowing too many people that have taken them and have suffered greatly, I feel as a result. So when the tests came back Dr Blair said I was within the normal range and that he did not think that I was hypothyroid, but he said it was up to me to decide what to do about it.

B

Q Forgive me, let us just go back a stage. You had seen Dr Skinner?

A Yes.

Q He had told you that he thought you were hypothyroid?

A Yes.

C

Q He had written to Dr Blair, your GP?

A Yes.

Q The Panel have seen the letter in the past – we do not need to look at it now, I do not think. Blood tests were ordered and your GP said that you were...?

A Within the normal range. He said if I decided to try the thyroxine it would be my decision, but he expressed his displeasure about it and said he did not feel it was necessary.

D

Q I think you took the tablets that had been prescribed for you?

A I did have some, but I came off them.

Q How did it go, once you started them?

E

A I did not notice any difference. As I say, I was concerned about – I was just concerned about staying on them because of the effects I had known in other people who had been on them long term.

Q These are the antidepressants?

A Yes.

F

Q We know that Dr Skinner prescribed for your hypothyroidism?

A Oh yes, sorry. I had seen a list of symptoms which would possibly lead to a diagnosis of hypothyroidism and I think there were 33 or something on it and I had 23 of them. I cannot really remember all of them but certainly flaky nails, dry hair, tiredness and a protruding tongue. Those I particularly remember because these were the things that I felt an improvement in once I started taking the thyroxine.

G

Q Tell us about the improvement. What did you notice was better after you started taking the medication prescribed by Dr Skinner?

A Tinnitus is one of them, the dry hair, breaking nails and the tongue. I used to wake up and my tongue was hanging out of my mouth, which made it very difficult to sleep properly. That improved.

H

Q Do you remember how often you saw Dr Skinner or spoke to him?

A No, I do not. Sorry, I do not remember that. I did see him again, and again he

A suggested more blood tests, which I had taken. I was seeing Dr Blair all the time I was seeing Dr Skinner to keep him apprised of what was happening. When I saw Dr Blair he warned me that I could be doing damage to my health, specifically my heart, if I continued to take the thyroxine.

B Q What did you think of Dr Skinner's level of care for you during the time that you were treated by him?

A I was very impressed. I was impressed by the examination initially, because I felt he was very thorough. It was not a two-minute or a five-minute job, it was an hour and verbal and physical examination. I felt he looked at me as if I was a person and not just a number.

C Q We know that eventually you stopped taking treatment from Dr Skinner?

A Yes.

Q Why was that?

A I was becoming increasingly worried by Dr Blair's warnings about it and I had started to get some palpitations. I had not had the increase in energy that I was hoping for and I became so concerned about it I decided to come off thyroxine.

D Q What do you ascribe the palpitations to?

A I am not sure if it is psychosomatic, having been told that I was going to have problems with my heart I feel I am the kind of person that has things if somebody tells me I am going to get them. I know I have a lot of tricks to avoid – when I go flying, when I am on a plane and everyone says “You'll always get a cold if you have been flying” and I now put an imaginary infection barrier around my infection field. I know it sounds crazy but it works for me and I have not had a cold since I have been flying since.

E Q Do you have any complaint at all about your treatment by Dr Skinner?

A No. I was quite surprised when I had a call from lawyers in Cardiff from the GMC regarding my complaint about Dr Skinner. I told them I do not have a complaint about Dr Skinner. They had also written to me about it, and I then had at least one more phone call and another letter asking me about the complaint, if I would speak---

F Q Leaving aside the GMC encouraging you to give evidence against him, I just want to hear your view of Dr Skinner's treatment of you?

A I have not any complaint at all. I would really be happy to have Dr Skinner as my GP, which is not possible.

G Q You have told us about palpitations?

A Yes.

Q Was that right at the end, when Dr Blair was telling you about problems you might be causing yourself?

A I cannot actually remember how long – I was on 200 mcg of thyroxine at the time and I went to see Dr Blair and he for the first time took my pulse and said “Oh, it's normal” and he sounded quite surprised that my pulse would be normal when I was taking 200 mcg of thyroxine that I should not be taking according to him.

H

A

Q Have you had palpitations since coming off thyroxine?

A Yes, I get them regularly now.

Q You get them regularly?

A Regularly. I have not actually, since I came off them, Dr Blair has not suggested having any tests to find out if there has been any damage, but I have lost faith in him a bit so I have not pursued the matter.

B

Q I hear that and I am not going to pursue how you feel about Dr Blair because that is very much a side issue. The palpitations that you say you get regularly, what sort of degree of frequency – once a year, once a month?

A Maybe once or twice a week, for no apparent reason – not after exercise. As I say, for no apparent reason they come and go.

C

Q You still get them now?

A Yes.

Q When did you last take any treatment from Dr Skinner?

A I think it was 2004.

D

MR JENKINS: Thank you very much, Patient B. Would you wait there? You may be asked a question or two.

Cross-examined by MR KARK

Q When did you last see Dr Skinner?

A 2004, I think.

E

Q Are you sure about that?

A No.

Q Do you have a friend who is a practice manager with Dr Skinner?

A Oh, sorry. When you said “see” Dr Skinner, I thought you meant consulting.

F

Q I was asking when you actually last saw him?

A I actually last saw him on 8 September here, and prior to that I had seen him in the offices in Glasgow when I was visiting a friend.

G

Q Apart from just saying “hello” to him, did he examine you or speak to you about your condition?

A No.

Q Did you know that he had written to Dr Blair on 25 October 2006 asking Dr Blair to reinstitute the thyroid replacement?

A No.

H

Q I am referring to our bundle B, page 3. So you did not know about that at all?

A If I did, I have forgotten it. I am afraid my memory is a bit patchy.

A Q So far as you are concerned, although I understand entirely you have no complaint against Dr Skinner at all, so far as thyroxine and you, it did not in fact make any difference to your energy levels?

A Not that I was aware of.

B Q When you came off the thyroxine did you notice any difference?

A The hearing, the nails and the tongue went back to being tinnitus.

Q What about the position now?

A I am much the same I was before I started the thyroxine.

C Q When he first saw you, can you recall – I do not think Dr Skinner actually took a blood test. This was back in March 2003, do you remember that?

A I could not have told you the date.

Q You went on to thyroxine and do you remember that by December 2003 you had a blood test taken by Dr Blair and your TSH was negligible. Do you remember any of that?

A I just remember that I had, I think, three blood tests from Dr Blair.

D Q In fact Dr Skinner, I do not think, was seeing you?

A I am sorry?

Q Do you remember if you saw Dr Skinner between March 2003 and January 2004, for nine months?

A I do not remember, but... I would say I had, but I do not actually remember.

E Q But during that period you carried on with thyroxine?

A Yes.

Q Then in January 2004 I think you went to see Dr Skinner and you mentioned, I think, that you had had palpitations?

A It is possible.

F Q At that time were you relating your palpitations to the medication you were taking?

A No.

Q Why mention them?

A Just to see how I was feeling. I do not actually remember, but I would have told him any changes to my health generally.

G Q Then you saw him again on, I think, 18 March and again there was a notation – it sounds rather odd – “3/4 of an hour of beating heart”. Hopefully you had a beating heart for rather longer than that, but I think it meant that you meant three-quarters of an hour palpitations. Do you remember specifically mentioning that to him?

A No, I do not, I am sorry.

H Q You yourself, I think, decided to stop taking thyroxine?

A Yes.

A

Q Why?

A Because I was concerned from what Dr Blair had said about heart damage, that that is what the palpitations might have been, and also because my energy levels had not changed perceptibly.

B

Q I appreciate that, perfectly understandably, you do not have a particularly good recollection of the consultations, I do not think, with Dr Skinner, but can you remember at any stage him saying anything like “You had better reduce your thyroxine if you are having heart palpitations”?

A No, I do not remember him saying that.

MR KARK: Thank you very much.

C

MR JENKINS: I do not re-examine.

THE CHAIRMAN: Thank you very much for coming and giving evidence. There are no further questions.

(The witness withdrew)

D

MR JENKINS: Madam, I have more witnesses to call but that might be a convenient moment.

THE CHAIRMAN: A good time, thank you. We will reconvene at quarter-to two. Thank you.

E

(The Panel adjourned for lunch)

THE CHAIRMAN: Mr Jenkins?

MR JENKINS: I am going to call Della Rhodes, if I may, please.

F

DELLA RHODES, affirmed
Examined by MR JENKINS

Q Would you tell us your name, please?

A Della Rhodes.

G

Q I think you have written a letter to the GMC about your care from Dr Skinner?

A Yes.

Q Have you got it in front of you?

A Yes, I have.

H

Q The Panel are just looking at it I think for the first time, but you go through a history in early 2002 of becoming ill and your GP saying he could find nothing wrong with you.

A Could not find anything wrong, yes, absolutely.

A

Q You saw an endocrinologist.

A Yes, in Harrogate. I went to Dr Hammond's clinic. He was not available to see me and I saw a colleague who also said she could not see anything wrong with me, which surprised me because she had not examined me, she had not taken any blood tests and when I pointed that out she said she would examine me and she asked me to lie on the couch and started pressing my lower abdomen which I found a bit strange because Dr Skinner has always felt the neck for the thyroid. She did some blood tests grudgingly and then sent a letter back to my GP saying they were in the normal reference range so she could not find anything wrong.

B

Q How did you feel?

A Totally destroyed. What I seem to have heard from people I have met here is that their problems seemed to come on over a longer period of time. Mine came on very quickly over a small number of months and it was unbelievable. I just could not function. I was trying to run a sizeable company and I was aware of sitting in meetings and knowing I should join in and things were going past. Logically I just could not do left brain stuff and all sorts of other things. I just literally was unable to function normally, very hard.

C

D

Q You found Dr Skinner.

A Yes. I was seeing a GP in Harrogate, a lady, and when I had seen the consultant at Harrogate District and they came back near the end of that year and said she could not find anything wrong, I actually switched to another GP and begged him to see me and I went to see him and he referred me to Dr Skinner. He said he had heard some very good reports about Dr Skinner's work. He had written to Dr Skinner and I called Dr Skinner's office to see if I could get in because I was desperate and I am very pleased to say that his office fitted me in the next day.

E

Q This was February 2003.

A That is right.

Q You set out how it was that you told him the history.

A Yes.

F

Q You talk on the second page of your letter of being very relieved that somebody was believing you.

A Absolutely. Dr Skinner was the first person who had been listening. Okay, when I changed the GP the new GP was, but until then I think I had just been pigeon holed. I put 30 lb of fat on, I turned into a pumpkin, my face was puffed out, I just was unrecognisable as myself.

G

Q For what period of time had you been seeking help with those symptoms before you saw Dr Skinner?

A Most of a year, eight or nine months. The last discussion I had with the female doctor, we were both quite cross with each other and she said, "All I can suggest is you should go to Weight Watchers and start going to the gym" and for somebody who could not walk up a flight of stairs to get to work that is not good.

H

A

Q That is when you changed GP.

A Yes.

Q How did it go once you started seeing Dr Skinner?

B

A I went to Dr Skinner. As I say, I rang the office I was so desperate. I was in real fear for my life. My then partner abandoned me because he said I should be seeing a psychiatrist. He said, "What the hell is wrong with you? You have seen two health professionals, nobody can find anything wrong with you, you obviously need a psychiatrist" and walked away and that was a big relief, with hindsight. I got to Dr Skinner's and I said to him, "I very scared to come and meet you because I know that if you tell me there is nothing wrong with me I have nowhere to go" and he said, "It is absolutely obvious to me that there is something seriously wrong with you" and I was just so relieved.

C

Q So what treatment, if any, was prescribed?

D

A We discussed all sorts of things. I had had lots of blood tests up until that point. We talked about the whole hypothyroid thing. One thing that always sticks in my mind is I think people only get thyroid blood tests when they say they are ill or they say there is something wrong. I always kept saying what if I was at the top end of the normal reference range or even out of the range when I was functioning normally and I have always done lots of sport, lots of work, all of that. So if I was at the top of the range and now suddenly I am still in the normal reference range but hanging on the bottom, how can they say I was okay? I was not okay. Then I spoke to Dr Skinner and he started me on a very small dose of thyroxine.

Q Did he have the blood tests that had been done?

E

A He had the blood tests and also did blood tests on that day.

Q He had, of course, a letter from your new GP.

A Absolutely, a referral.

Q So he did blood tests on that day, the first day you saw him.

F

A Yes and we started on a very tiny dose of thyroxine and increased that over some while and I have eventually ended up on Armour Thyroid at three grains a day. What was good for me and I have heard different people say it has taken quite a long time, I think the steep curve that I went downhill on, it was the reverse going back up again, so it was a small number of months. It was two weeks and I was starting to feel it was going to be okay. In fact I had actually believed that when I met Dr Skinner because he was listening.

G

Q How often did you see him in the initial period?

A In the initial period I saw him certainly after six weeks. I called him several times because I was so scared and he was very helpful, he was always kind. I think I saw him twice at six weekly intervals and then we went to three months, I think, and subsequently six months and then when everything was level and I was confident a year.

H

Q What was the level of communication between Dr Skinner and your GP?

A Dr Skinner sent a letter every time I saw him. The GP had written to Dr Skinner to ask various things. I had regular blood tests, so I was aware of all that. The new GP was

A very pro what we were doing, very much so.

Q Who prescribes for you now?

B **A** What has happened recently is my GP has suggested because of the potential situation with Dr Skinner that I go back to Harrogate District Hospital to Dr Hammond's clinic. He has been suggesting that for about six months and I have been saying I did not want to, because I did not want to go back and get the same result I got at that place last time. Eventually we decided I would go. I had an appointment about ten days ago and Dr Hammond has said he agreed that I am in good health on the current treatment, i.e. three grains of Armour Thyroid, my blood tests are in the normal reference range. He is happy to allow Dr Hall, my GP, to continue to prescribe Armour Thyroid at this rate for me. He is happy, should I want him to, to take over my ongoing care on the basis of one review each year, since I am obviously on the right treatment.

C **Q** Who is prescribing the Armour Thyroid then?

A The GP now.

Q Is that on the NHS?

A Yes, it is now, after a long time discussing it.

D **Q** Explain that to us.

A I think there is a feeling that GPs will not or do not want to or cannot for some reason prescribe it. I think there is a situation where the GP has to sign a different agreement about taking on that duty of care, particularly long term, and my doctor was prepared to do that.

E **Q** When you wrote your letter, the penultimate paragraph that you wrote was:

“What does concern me greatly is that if Dr Skinner is unable to continue to practise I will, together with possibly several thousand other patients, be referred back to an NHS consultant.”

A Yes.

F **Q** Clearly you have moved on from there.

G **A** I think I have been very lucky. Everybody I have met in this situation and heard seems to have wobbled through the NHS having people saying they cannot see why they need treatment and have by various means arrived at Dr Skinner who, in my opinion, has saved my life undoubtedly and where are those people going to go is what I am concerned about. Certainly I have met 60 or 70 people over the past few months who have said exactly the same thing and presumably all Dr Skinner's patients feel the same way. That must be several thousand people who may be forced to go back to the original people who said, “We can't find anything wrong with you”.

MR KARK: I have no questions, thank you.

H THE WITNESS: Could I just raise one other concern I have, if you do not mind? If Dr Skinner is not allowed to continue to support his patients, then hundreds, if not thousands, of GPs and consultants will be very reluctant to prescribe thyroid treatment.

A

MR KARK: I am sorry, but that is something you cannot take into account. This is not some form of political arena. You have to concentrate on Dr Skinner, the charges and what should happen.

MR JENKINS: I am grateful, thank you very much.

B

THE WITNESS: Thank you.

MR JENKINS: I will certainly make the comment that you have to be aware of any consequences that may flow from anything you do to Dr Skinner.

THE CHAIRMAN: Thank you very much.

C

(The witness withdrew)

CAROLINE FEATHERSTONE, sworn
Examined by MR JENKINS

D

Q You have written a letter to the GMC.

A I have.

Q You wrote an article at one point.

A I did.

E

Q You included a copy of the article when you wrote to the GMC. The Panel have your letter at page 12 of their bundle and I just want to ask you about your treatment with Dr Skinner. Can you tell us when you first came across him and what your health was like when you did.

A After many years of feeling very, very unwell, as a teenager I had suffered recurrent tonsillitis and had been borderline glandular fever and, like the person earlier, I had missed quite a bit of schooling and in fact had to repeat a year at school, I then later on in life always had irregular periods which was written off as some people just had irregular periods, even though I could go 16 weeks in one cycle. I then met and married my husband. We tried for a baby and found that I could not conceive. After having a trial of clomid, that did not work, but I was lucky that when we eventually got to the stage of doing IVF, which took many, many years, that was successful on our first attempt and I then got pregnant naturally twice, that having kick started my body.

F

G

I had been very, very tired all through my pregnancies. It was very much like I had been as a teen and I had got very, very large and very, very puffy. I have a picture of myself, if you would be interested in seeing it, just to remark the difference between me then and now.

Q We have two pictures on page 14 for the Panel.

A That is right, yes.

H

Q They have not photocopied terribly well, but they have certainly photocopied well enough for us to see.

A

A *That* is a larger picture of me before I consulted Dr Skinner.

Q Are you able to give us a year? You have said 2003.

A I think it was probably 2003, because I do not remember exactly when I first saw Dr Skinner. It was either 2002 or 2003.

B

Q What you have said just above it in your document is that that is you fully treated, according to the TSH test.

A Yes. After the birth of my third child I very cleverly diagnosed myself with the help of my health visitor as having postnatal depression because I was so tired all the time, my brain just did not work. Having graduated and completed a postgraduate diploma I just could not think any more. I could not follow a basic conversation. I went to my GP and was put on Seroxat, an anti-depressant, and was told that within a few weeks once that went into my system I would start feeling heaps better. That just did not happen. I went back to my GP after a month and said, "Look, I feel no better" and she said, "Okay, look, let's run some blood tests", so they ran some blood tests, including things like diabetes and the TSH test and she said, "I expect these to come back normal". The next evening she phoned me and said that I was hypothyroid and explained to me that the thyroid is the motor that drives your body and that if that is not working properly all your body processes are slow. So she started me on thyroxine, 25 micrograms, and every six weeks redid the TSH test and gradually increased my thyroxine until I was on 75 micrograms and I then fell within the normal range, according to the TSH test. At that stage she said to me, "You are absolutely fine. Go away, carry on living your life with your young children."

D

Q Because your blood result was within the reference range.

A Yes.

E

Q How did you feel?

A I felt absolutely rotten. The thyroxine made very little difference to me as a patient. I think one of the things that I have discovered reading up about my condition is that each patient is different. For some people thyroxine works very well for them. Other people have talked about not converting. I was one of those people. I am now on T3 and Armour as a combination which I will enlarge on later, if you would like me to. So I went back to my GP after a month and I saw a locum who, I have to say, was incredibly patronising and said to me basically, "You are a young mum with three children under five, what do you expect? You will probably be on Seroxat for 20 years" were his exact words. He said, "Double the dose of what you are taking of Seroxat, it has got nothing to do with your thyroid, and go away and be a good girl". So I did that, like an idiot, I did that. I went away, I doubled my dose of Seroxat and then became very, very ill.

G

I went back and I saw a different GP at the same surgery and he said, "No, no, no, this is not right, you should always take the lowest possible effective dose of any anti-depressant, so go back down to your 20 micrograms from the Seroxat" from the 40 that I had been put on "and then things will start clearing up for you". So I did that and for two weeks I felt as though I was dying. My head was spinning and it resulted in me not actually being able to get out of bed and when I had three young children the impact on their lives, my life, my elderly parents' lives and that of my husband was just incredible.

H

A

Eventually I managed to start weaning myself off that using liquid Prozac and I changed GP surgeries, saw a new GP who I still have today and is wonderful and fully supports my treatment under Dr Skinner and he said I should never have had Seroxat in the first place. At the same time, I came across Dr Skinner's name in Diana Holmes's book, *Tears Behind Closed Doors*, so I consulted Dr Skinner and I think, as many other people have said, it was a revelation. *(The witness became distressed)*

B

Q Have a glass of water as well.

THE CHAIRMAN: Do you want to have a break?

A No, thank you. *(Pause)*

MR JENKINS: You had seen several GPs clearly.

C

A Yes. Until I changed my GP to the GP I am with now which was around the same time I saw Dr Skinner I think I had gone through about four GPs.

Q Who seemed to be saying different things, from what you have just told us.

A Yes, different things, and fobbing me off. Dr Skinner, the first thing he insisted on was a referral from my GP which my GP was happy to give. He also, and continues to want to see blood tests so that he can see how my blood tests are doing, but Dr Skinner realises, and this is what makes him different from other doctors, that the blood test is not the full story. The blood test is one very small part and I think he was the first person that actually looked at me as a whole person.

D

Q When had you last been examined by a doctor?

A I had never been examined. I had been spoken to and I had had a blood test but I had never actually been examined, whereas Dr Skinner examines me on every occasion I consult him. He feels my thyroid gland, he takes my temperature, he takes my blood pressure, he takes my pulse. He is very, very thorough. He looks at my skin, he looks at my tongue. My tongue was incredibly swollen when I first saw him and I had a very bad lisp. I am sorry, I have lost track of where I was.

E

Q I was just asking you how thorough Dr Skinner was.

A Yes, he was very thorough.

F

Q You have described him I think as a revelation.

A Yes. He gradually increased my thyroxine very, very gradually by 25 micrograms at a time to 200 and when we found that still was not working for me as an individual he suggested we try T3 which we did and we gradually increased that and over time, and it has been a long time ... it was mentioned earlier that somebody had been on a trial of T3 and that had not worked. For me that took many, many years for the drugs to repair the damage that had been done to my body because essentially my body was not working properly and so I felt no different on T4 even when I got up to 200 micrograms. What really works for me is my current dose of 100 micrograms of T3 and one grain of Armour and I could not do the job that I do or be the person that I am or even speak to you in this way if I was the person who originally saw Dr Skinner. I owe him a huge debt of gratitude.

H

Q One of the things that the Panel have to look at is the degree of consideration and

A care that Dr Skinner gives to changing the dose, if he does.

A Yes.

Q How would you describe the level of care and consideration he gives if he changes a dose or increases it or changes to a different form of medication?

B A Absolutely exemplary. Every time he has changed my dose at all we have had a good thorough conversation about what my symptoms are, what has changed and about what is the best thing to happen. If I compare it to when I was prescribed Seroxat, I had a very basic conversation, the GP just said, "There, there, here's your prescription, off you go". There is no comparison. Dr Skinner is incredibly thorough and very, very caring.

Q Is it he that prescribes the Armour thyroid at the moment?

C A He prescribes that and I buy that privately, yes. I have not actually asked my GP to prescribe Armour thyroid, if I am honest, because I did not realise that was an option but he does prescribe me T3 and has always supported whatever Dr Skinner has recommended and I know that Dr Skinner has written to him after every consultation.

Q I was going to ask, what is the level of communication between the two?

A Whenever I have been I have then gone to see my GP and then there has always been a letter from Dr Skinner.

D

Q So over what period of time have you been treated by Dr Skinner? One photo we have is 2003.

A Yes, I think it was 2003 that I first went to see him.

Q What about blood tests?

E A I have blood tests annually now, now that I am pretty much okay.

Q Was there a period when it was not annually, when it was more or less frequently?

A Absolutely, yes. Initially it was every six weeks. That was under my GP when I started off building up to 75 micrograms of thyroxine and then once I had consulted Dr Skinner every time I went to see him I had to get a blood test before that.

Q So that was in 2003.

F A Yes.

Q Dr Skinner was asking for blood tests to be taken regularly.

A Yes.

G

Cross-examined by MR KARK

Q Just on that last issue, what was Dr Skinner then doing with the blood test?

A He was reading them and discussing them as part of his view of me as a patient.

Q So it did not appear in 2003 certainly his view that the levels were completely irrelevant?

H A I have to say, I was talking to somebody earlier. My memory of that whole period of my life is clear in some parts but not in others, because it is not something I particularly want to remember about myself, so I have blocked out an awful lot of stuff that happened

A during that period.

Q I appreciate you had had a bad experience with your GP and once you had got within the level they just stopped.

A Yes.

B Q I wholly understand that, but so far as Dr Skinner was concerned, so far as your understanding of what he was trying to do with you, was it your understanding that he was still trying to keep you within the reference levels or not?

A No, he was trying to treat me as a patient.

Q So far as the blood tests were concerned?

C A The blood tests were part of that but I think it would be fair to say that is not the full story.

Q I understand it is not the full story, but what I suppose I am trying to get at is was it any part of the story with him?

A Absolutely, absolutely.

Q To what extent, how?

D A I am guessing here, but had the blood tests come back with a hideously awful figure which would have put me at risk, both Dr Skinner and my GP would have been having strong words with me.

Q So was your GP looking at the blood test at the same time?

A Absolutely, yes.

E MR JENKINS: I do not re-examine.

Questioned by THE PANEL

DR ELLIOT: This is really just for clarification. I am sure you said what date it was that you first saw Dr Skinner.

F A I think it is 2003.

Q 2003?

A Yes.

THE CHAIRMAN: Could I just ask one question? You say you discussed blood tests and they were taken regularly.

G A Yes.

Q Do you actually yourself know whether you were within the reference range?

A No, I do not, I am afraid. I have had a blood test fairly recently but I must say I do not particularly look at it any more because I know that I am well.

H Q When you go to Dr Skinner does he not discuss your blood test results with you?

A He always asks me for my blood tests and I give them to him and, yes, if there is anything on there then he discusses it with me.

A

Q Have you ever been thyrotoxic before and are you aware of the symptoms of it?

A I probably was. When I first became ill I did an awful lot of reading about hypothyroidism, but as I hope you will appreciate, my memory of that period is very, very sketchy, so if you were to ask me now what the symptoms were of thyrotoxicity, I am sorry, I could not tell you.

B

Q Just one more, if I could. We know there are side effects perhaps with thyroxine and do you have any regular bone density tests or are side effects discussed with you at all?

A With Dr Skinner or my GP?

Q With Dr Skinner.

C

A Yes. We have discussed side effects, yes. I am trying to think when my last consultation was. I think it was earlier this year. Yes. We have not discussed it recently, but certainly when I first started treatment we did talk about the possible side effects of thyroid treatment.

Q I do not know at what age one starts bone density tests, but have you ever considered having one or is that part of your treatment plan at all?

D

A No. I have not particularly considered having one.

THE CHAIRMAN: Thank you very much. There are no further questions. Thank you for coming and giving evidence.

(The witness withdrew)

E

LYNNE ETHERINGTON, affirmed

Examined by MR JENKINS

Q It is Lynne Etherington?

A That is right, yes.

F

Q I think you live fairly close to Birmingham.

A I live in Wolverhampton, yes.

Q So it has not been too difficult for you to go to Alcester Road to see Dr Skinner.

A Yes. To discover Dr Skinner was very difficult.

G

Q I understand. Tell us when you first discovered him.

A I have had lots of operations in my life. I had a very serious car smash which resulted in lots. Then I had lots of other operations. So I have been used in the last 25 years of my life to very not often not feeling very good, recovering from operations like hysterectomies, heart surgery. I understand about the tiredness that you get on those occasions. Because of my amount of operations over those years I had not worked full time. I had been working part time. I was working for the National Trust at the time and I was suddenly aware that everything that I was doing was taking so much effort and I thought to myself am I doing things differently, am I sort of using energy stupidly, and I tried to think logically. My office was up a flight of stairs and I was thinking things like,

H

A “Well, don’t go up too many times in the day”. I suddenly was aware that I was trying to sort my life out in such a way that I was not having to use so much energy.

B During the February of 2001 I was due to go to the trade fair at the NEC which if you walk all the columns you can walk 16 miles and I suddenly realised I was not going to be able to do my job. So I arranged for a friend to come with me and took a wheelchair because that was the only way that I was going to be doing my job. Consistently after this the bouts of tiredness were more and more and although I have had a lot of illness I have also been very active. After any illness I would work my hardest to try and get myself back together so I am not the sort of person that sits around. I do not enjoy sitting around when I have got plenty of time.

C I was realising that I was not keeping up with anything that I was doing with my friends and my colleagues and again I was trying to change my lifestyle, but I am only sort of mid 50s so I should not really be having to do this. Then one day I went to work and I parked my car which is some way away from the house and I stood there and I thought, “I actually cannot even walk to the office”. I did very slowly which took me a long time and my line manager said, “Go and sit down and see how you feel” and sort of the degrees of tiredness changed over a short while. Sometimes I would feel really bad, sometimes I would feel a little better and then I got to the point where I was feeling bad all the while and it felt like a really bad attack of flu. So I thought, “Right, I’ve got flu, I’ll go to the doctors”. “You’ve got a virus. I appreciate that a virus probably means we don’t know what it is you have got. So go home, it will fade away”.

D So I went home. I was most concerned. I live on my own, so any effort is a great effort, whether you are just running a home or going to work. So I decided to go back to the doctor. “Oh, you have still got your virus”. Okay, we go home again. I was getting very concerned at this time because I have had a lot of time off at work with operations and I am getting to the point where I started waking up in the morning and I would be getting out of bed and I would just be falling over and I would be hitting my head. I have had very bad joint problems from a car accident, so I do have a stair lift at home for when it is very bad because I live in an old house where the stairs are very deep and one morning I got on my stair lift which is a very, very tall sort of stairwell and must have pressed the button, I must have passed out because I did *this* and I woke up sort of staring up *there* and these sort of things were happening to me all the time. The exhaustion was unbelievable. So I am not using my stair lift to get upstairs because I am exhausted. I cannot work, I cannot even climb up a flight of stairs. Friends are trying to help me.

E My sister one day who was at church met this lady and this lady was telling her about her symptoms and her name was Diana Holmes and she had written this book which the previous lady mentioned and my sister said, “That sounds just how my sister is”, so she purchased a book and I had read this book. I think I cried most of the way through because it was like reading a mirror picture of yourself. If you have not experienced the sort of exhaustion that you feel there is not any way you can know what it is like, because, as I say, I have had exhaustion from many, many things. I have had exhaustion from my husband being killed in a car crash where it can be mental as well as physical. This exhaustion is something completely and utterly different.

F When you are exhausted you can usually say, “Now, come on, come on, all you have got

A to do is get yourself together and you can get into the car and you will be fine". You cannot get yourself together. You cannot get your clothes on. You cannot get dressed. You cannot have a shower. You depend upon your friends when you are a single person. Reading the book was just like the most amazing sort of rescue. So immediately I rang Dr Skinner's surgery. I was greeted with open arms, a great degree of kindness, a great degree of care. My symptoms were discussed with Dr Skinner considerably. He examined me.

B

Q Can I slow you down a bit because the shorthand writer is ---

A I am sorry, I do talk quickly. My GP had given me a note of recommendation to see Dr Skinner.

C

Q So you had had a referral letter.

A Yes, I had had a referral letter.

Q Had you had any blood tests before you went to see Dr Skinner?

A I had had a blood test and I was told I was in the normal range, but Dr Wan(?) said yes, he was quite happy for me to go to see Dr Skinner.

D

Q Your GP?

A My GP, yes.

Q Can you tell us when this was?

A This was 2001. Sorry, that was when I was ill. When I went to see Dr Skinner was January 3 2005. We discussed everything. I felt as if I was not somebody weird, as if I was not something that was being looked at as if, you know, "Just come on, pull yourself together". He talked very thoroughly with all of my symptoms and he said yes, he really did feel that I would benefit from some thyroxine.

E

Q I am going to interrupt again. You have seen a lot of doctors in your life.

A In my time I have seen a lot of doctors.

Q How would you compare Dr Skinner with others that you have seen?

F

A It is overwhelming that somebody actually listens so intently to what you have to say and comes out with what seems like a perfectly logical solution. You discuss these things, he understands these things. He is not dismissing these things. As I say, I have been with many, many, many specialists and they have usually been simple things, you know, operations, you have your operation and then it is over, but I can honestly say I have had lots of things go wrong, but if you said to me what would you hate to go through most again it would be that period of time before I met Dr Skinner because it is actually a life sentence because you are alive but you are unable to do anything, literally anything. Your mental capacity is nil. If people try to befriend you and help you, you do not want it, you cannot do what they want.

G

H

I suppose the final thing, and I did not think there was much worse than the death of my husband after his car accident and then my own ten years later, but I would go through anything (not the death of my husband), I would go through any of my major operations rather than go through that period of time again because it is like you are in prison actually. You are in prison within yourself and you are in prison within the doors that you

A cannot get out of. It is a hard thing for people to even understand because they say, "Have you been to the doctors?" "Yes, I have been to the doctors. I have had my blood tests. Yes, they are normal". I say, "But you know me, I fight everything that comes along, but I could not fight this".

Q Tell us what treatment did Dr Skinner prescribe?

B **A** We started off on 25 micrograms of thyroxine and sending letters to my doctor we slowly went up by 25 mls every few months and then I would go back to see Dr Skinner, we would discuss it again and then we would agree on a higher dose and I remained on a dose of 200 for quite a long time. At times I felt amazing, but then I had a dip and I kind of sort had to have a few days off, but now I am on 225 and I could conquer the world, I really could. I could climb Mount Everest if my limbs were able.

C **Q** How often do you see Dr Skinner now?

A We are on about a six monthly sort of ---

Q Every six months.

A Yes, because really I am fit, I am well, my GP is giving me the thyroxine with an NHS prescription. I do not know whether anything will change with the results of Dr Skinner's hearing, but whatever there is no way I can live my life without thyroxine and I am a real, real tryer.

D

Cross-examined by MR KIRK

Q You are also under the care of your GP.

A Yes, I am.

E **Q** Can we take it you are having blood tests?

A Yes.

Q Do you know where your readings are, as it were?

A They are just within the normal range. I know nothing more than that. That is very much what I consider is the doctor's area.

F **Q** Have you ever found yourself going over the normal range or outside the normal range once you have been on thyroxine?

A Do you know, I do not know the answer to that question. I can only presume I am still within the normal range.

G **Q** Were you ever warned about any potential side effects?

A In a very slight way and if I put my hand on my heart and say if I was going to have a heart attack in ten years, if I was going to have osteoporosis in ten years I would still say I cannot live my life the way I did prior to seeing Dr Skinner. I would take anything because if you live the life that I and so many people lead you would know that if you could have one year free of all that it would be worth anything.

H **Q** I do understand that, but the question was were you told about any potential side effects?

A It is difficult to remember if I have read them or I am told them. Yes, my doctor

A has mentioned sort of heart and osteoporosis.

Q When you say your doctor do you mean your GP?

A Yes.

Re-examined by MR JENKINS

B Q Can you just remind us, how long did you spend with Dr Skinner when you first saw him roughly?

A I think I had an hour's appointment.

Q Do you remember if anything was discussed about possible side effects within that hour?

C A I am not sure Dr Skinner would be giving me something with lots of side effects!

Q That may be right, but my question is do you remember if there was any discussion about side effects?

A I think it was mentioned on the level of, "You can hear that these things", you know, but it is not a proven thing, is it?

D Questioned by THE PANEL

MR PAYNE: You said that you read a book and then you went to Dr Skinner and I have also heard that your GP referred you to Dr Skinner.

A Yes.

Q You did not say how you found out about Dr Skinner.

E A It was in the back of Diana Holmes's book, Tears behind Closed Doors.

Q So his name is in there, is it?

A Yes.

THE CHAIRMAN: Could I just ask, Mr Jenkins? Have you given us a page number in D26 at all?

F MR JENKINS: No, I have not, not for this lady.

THE CHAIRMAN: Thank you very much for coming and giving your evidence.

G *(The witness withdrew)*

MR JENKINS: I will tell you why. We have got lots more letters than are in this bundle. We have not included them all. I am going to give you three more bundles but not as big as this, you will be pleased to hear.

GLYNIS ROGERS, affirmed
Examined by MR JENKINS

H Q It is Glynis Rogers?

A

A Yes.

Q You have written a letter to the GMC, I think, in the past?

A Yes, I have.

B

Q The Panel are looking at it now, but clearly you have been a patient of Dr Skinner's?

A Yes, I think 2001.

Q What you said in your letter is that the results for your TSH blood tests had been normal for seven or more years before you begged to be referred to Dr Skinner?

A That is right, yes.

C

Q Is that right?

A Yes.

Q Who was taking those blood tests? Was it your GP or was it an endocrinologist?

A The GP. I started off, I think it was probably in the early 90s I had a bout of pneumonia and I started getting worse after that really. Just cold, tired, overweight, hair loss, all those sort of... So I read a magazine article which said about low thyroid. It just sounded exactly all the symptoms I had, so I said could I have blood tests, and that is when the first normal test came back. So I just carried on.

D

Q What were you told about your blood test?

A It is normal, nothing wrong.

E

Q How did you feel?

A Depressed and fed up.

Q Were you feeling normal?

A No.

F

Q When was the second blood test taken?

A Probably late 90s, I suppose.

Q From what you have said, that was normal as well?

A Yes.

G

Q Was that a blood test taken at your instigation because you were not feeling well?

A Yes, I just kept saying something must be wrong. So then I had Seroxat for depression and referred for rheumatism and blood infections and things like that. Then I saw this thyroid book in the chemist, just a little – there is lots of these little booklets, are there not, in the chemist's, and there was one on thyroid treatment. That is where I saw about the different blood tests, FT3 and FT4, so then I thought maybe I could get a test for that. That is when I looked on the internet and found Barry Durrant-Peatfield's name and he did not need a referral because the GP did not seem to be very sympathetic, so I thought I would try and find out if I could get this blood test and maybe I could see whether I actually did have a thyroid problem.

H

A

Q You put in your letter that at one point the FT4 was 5.0?

A Yes.

Q Well outside the normal range?

A Yes.

B

Q Was that a blood test done by Dr Skinner?

A That was done by Dr Peatfield. So he started treating me and then about three months later I went back for my second appointment and he had been suspended.

Q Suspended by the GMC?

A Yes. So I thought "At least I know now that my FT4 is too low" so I said to the GP could I have a test for that and she said "Okay". So she tested it and it was 5.4. She said "That's very strange, we'd better test it again as it might have been a mistake". So she tested it again, 5.4. So then she gave me an appointment with the endocrinologist at the John Radcliffe Hospital in Oxford, or the Radcliffe Infirmary as it was then. I had another blood test before I went, which was probably about a month later, and then I went to this endocrinologist with all my symptoms and gave them to her and she read the thing, she looked at the computer screen and said "It's 13.5 so it's normal. There's nothing wrong with you", folded the thing up and just gave it back to me and that was the end of that.

D

Q That was the end of the consultation?

A Yes.

Q Were you examined at all?

A No. I said "It must be a mistake. I have had three tests that have all been 5.4 in the last few weeks. Would you test it again just to make sure it is not a mistake?" She said "No, it won't change for six weeks. There's no point, you don't need to do that". So we went to Great Missenden to the private hospital there that afternoon, had it tested and it was 5.4. Then I went back to the GP with this information and she said "There's nothing I can do. The endocrinologist says you're fine. There's nothing I can do". So then I said "Please refer me to Dr Skinner" because I had heard he was the expert in these things.

F

Q Plainly you did go to see Dr Skinner and you date it as 2001 when you saw him?

A Yes.

Q You say in your letter that since then your life has been transformed?

A Yes.

G

Q Tell us how?

A He started me off on 25 of thyroxine and I think half a grain of Armour and then I just gradually went up to 250 thyroxine and two grains of Armour, but I am now down to 200. I go through the GP now – she does all the blood tests. I did see Dr Skinner every year but I have not seen him for the last two years.

H

Q Who prescribes the Armour?

A Dr Skinner. I still get my prescriptions through him because I trust him to

A prescribe what I need rather than what the blood tests say.

Q Have you asked your NHS GP to prescribe Armour?

A I have not asked her about the Armour, I just assumed that I could not get it. She would do the thyroxine but I have kept it as it is.

B Q When you first saw Dr Skinner back in 2001, was the consultation as quick as it had been with endocrinologists at the John Radcliffe?

A No, it is the same as everyone else has described. Very thorough.

Q Were there blood tests that you had ordered by Dr Skinner?

A Yes.

C Q Were any blood tests done subsequently after you started treatment with Dr Skinner?

A Yes, but they mostly go through the GP.

Q What we have heard from others is that Dr Skinner would always write to the GP?

A Yes, always.

D Q Was that happening in your case as well?

A Yes, always.

Q What was triggering the blood tests? Was it Dr Skinner writing and asking the GP to organise blood tests?

A They are doing it in tandem, I think, by this time. I have also got this list of symptoms, the under-active gland symptoms.

E Q The Panel have heard a huge amount about symptoms; they perhaps do not need to have that repeated. Tell us how---

A I just wanted to say that when I started my score was 56 symptoms and I did it the other day and it is now 13. I am sure a lot of those are other things, like deafness.

Q How has it changed your life?

F A I am just normal again now. I am working, a very busy family life – farmer's wife. Just normal, fantastic.

MR JENKINS: Would you wait there, because you may be asked questions.

G Cross-examined by MR KARK

Q Only this. You are getting the Armour through Dr Skinner but you are getting your thyroxine through the GP?

A No, I am getting it through Dr Skinner but they would prescribe it.

Q They would give it to you?

H A Yes.

Q Your blood tests are being done by whom?

A

A By the GP.

Q Where are they going? Do you know if your blood tests are going to Dr Skinner?

A No, when I ask for my prescription he will give me a note saying "When did you last have your blood test done?" and dates and everything. "When did you last see your GP?"

B

Q How is Dr Skinner fixing a prescription, as it were?

A Because he is working with my GP he is able to find out what they are.

Q So as far as you know they are communicating with each other?

A Yes.

C

MR KARK: Thank you very much.

THE CHAIRMAN: Thank you very much for giving evidence.

(The witness withdrew)

MR JENKINS: Madam, I have one last witness and it is Dr Ahmad.

D

ARSHAN AHMAD, affirmed
Examined by MR JENKINS

Q Can you remind us who you are? You are Arshan Ahmad?

A I am Arshan Ahmad, yes.

E

Q You have a doctorate, not in medicine?

A No, I have a PhD in medical microbiology, which I got from the University of Birmingham.

Q We know your name because you have published together with Dr Skinner?

A I have, yes.

F

Q You are also involved in the virology side of the work in which he and you are engaged?

A Virology and microbiology. I have worked with him mainly on the development of vaccines.

G

Q For some days of the week Dr Skinner devotes his time to that area of work but other days of the week he devotes his time to seeing patients?

A Indeed he does.

Q You are involved in the patient side as well, as sort of practice manager?

A Yes. What I do is just basically oversee that the workings of the practice is done properly. I have been involved quite extensively in helping Dr Skinner to register with the Healthcare Commission, which is a requirement now of private practitioners who are practising; they have to register with the Healthcare Commission.

H

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Q The Panel have seen before in the big bundle, C2, towards the back, a large number of protocols and documents and practice leaflets which were prepared essentially as part of the registration process with the Healthcare Commission?

A Yes.

B

Q This being a private clinic it needs to be registered with the Healthcare Commission?

A It needs to be registered with the Healthcare Commission. What I wanted to do, if I may, is just sort of vaguely explain to everybody what is involved in registering with the Healthcare Commission?

C

Q Please do?

A What sort of paperwork in terms of the premises themselves, and also what is required of the doctor who practises at those premises.

D

Basically, we at the moment in Dr Skinner's practice have the premises which are registered, and also we have Dr Skinner who is registered as a medical practitioner with the Healthcare Commission. In terms of the premises being registered, we have to have the sort of normal – the fire hazards, the electricals have to be checked, the gas has to be checked. Health and Safety: we have to have a sort of an adviser who comes, looks at the whole premises and advises regards health and safety of both the people who work there and also the patients who come and see Dr Skinner. With regards to that, we have a huge number of documents, all relating to health and safety of people and sort of using the premises, using the toilets, using the hot water and so on. Also, the records. With the premises being a sort of clinical practice the confidentiality and safety of the records is very important, so obviously we have to maintain the records in those situations. Also, you know, the whole place has to be insured – insurance of people, insurance of patients if they fall down and hurt themselves and so on. Most importantly, we have annual inspections of the premises. The annual inspection looks at all our paperwork, checks that everything is correct and up to date and we have passed our previous inspections.

E

Q Do they look at patient notes as well?

A They do indeed. I will explain that – that I have headed under “Dr Skinner's practice”. So when they look at Dr Skinner as the practitioner they actually go through – they would randomly take out notes and they would look at those notes and they check those notes for Dr Skinner's personal handwritten notes. They also look to see that he is communicating with the family practitioner plus any other doctors that the patient is under the care of, such as an endocrinologist or a gynaecologist, in many cases a haematologist, and we do tend to send letters, copies of any letters, that go to the GP to those people as well. So they actually look through the notes and make sure we have those for the notes they have taken out. Again, they do stress the confidentiality side so they check to make sure that the practice is run in a way where confidentiality is maintained.

F

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Also, both Dr Skinner as the doctor and the staff, including myself – although I am a volunteer – we do have to undergo resuscitation training and the people from St John's Ambulance come and we have certificates and we all get trained for that. Dr Skinner plus his staff also have to undergo the Clinical Record Bureau checking to make sure we are not criminals. So we all have that and we all have our certificates to prove that we are all right. So that is basically under what Dr Skinner is involved in.

A

If I could take you through what actually happens with a patient who comes into the practice, it might help you to understand how we deal with people. Basically, each patient is referred by their general practitioners, so we will receive a letter and we will give an appointment by phone or in writing. The patient is sent a letter that "You will bring details of your blood test, any other doctors that you are under, with the addresses, the postcode, the telephone numbers and so on" and they are also told how much it is going to cost to see Dr Skinner and how much it is going to cost for follow ups if they need to have follow ups.

B

Q Can I interrupt there?

A Of course.

C

Q The Panel know that of the four patients, A to D, that they have looked at here, there were two cases of what Mr Kark has called "the doghouse letter", where two patients came without a referral letter and Dr Skinner then wrote to the GP along the lines of "I hope I'm not in the doghouse but I was expecting the patient to bring a letter" – yes?

A Yes.

D

Q What you told us is that all patients now come with a referral letter?

A Yes.

Q The first Interim Orders Panel hearing was in June 2005. The Panel have not yet seen the details of the conditions, but one of the conditions was certainly that Dr Skinner should not see a patient, was not allowed to see a patient, unless they came with a referral letter from a GP?

A That is right.

E

Q Can I go back before 2005? What was supposed to happen so far as patients coming to the practice was concerned?

A I would say the majority of patients who did come to see Dr Skinner did come with a referral letter, because when he started off independently that was one of the rules and regulations of our practice that we set up, that we would only see patients who were referred through their GPs. At that time, because the interim order was not in place and did not make it an absolute requirement, one or two patients often phoned and said they were given the letter and they would be bringing it, and they would turn up and they would say where is your letter, and they would say "Oh gosh, I did not quite manage to get the letter", in which case Dr Skinner would see them because he feels, as a doctor, once they arrive to seek his help, it would be inappropriate to turn them away – and a lot of his patients do come a long way. So we have patients who would come from

F

G

Newcastle or down south and he would not turn them away. One or two of them, I must say, did come without, or there were one or two that did, but since the interim order – and also because when I registered with the Healthcare Commission for the last three years we do not see patients at all without a referral letter.

Q You were going to say, once a patient comes they are given a questionnaire?

H

A They are, and then I will talk you through. So the patients come, they are referred, we have the referral letter already. We ask them then to fill in a front form, which is really their own details – their name, their address, their date of birth, and we feel that it is

A important for them to fill it in themselves so that we have everything correct, because often when you ask for people's names and things the secretary can get things wrong, so we try to do it that way.

B They are then given a big form – and I do think sometimes it is quite a lot because they are bombarded with forms as soon as they enter the door – but it is really a questionnaire which has a huge number of clinical signs and symptoms on it. We ask the patient to highlight or to tick the clinical symptoms they have on that day when they come to see us. We do this with new patients and with every follow up patient. What we hope to do with that is to actually analyse this data which we have started to do. So for each patient we are going to look at the clinical signs and symptoms from the day they start at our clinic and then follow them through their follow ups, looking to see what signs and symptoms go away, what remain, and relate that to the blood tests that are done on subsequent intervals.

C Q So you are doing a study?

D A We hope to do that, yes. We have started, and obviously with those kind of studies we do have to get the proper permissions and things with, in particular, the Healthcare Commission. So we can say “Look, we have looked at 50 patients. This is the kind of thing we are seeing. Would you now allow us formally to make this into a study where we can then report it and try and get it published?” That is what we are doing with that data. So all the patients are asked to do that, new patients and follow ups.

E Q Then, obviously, the patients will sort of go and see Dr Skinner and he will do what he does with them. We have also started from I think August 25th on that document I have given you. We have also started to give patients a document which explains the side effects of their treatment. As well as that, the surgery also gives patients various documents which explains why Dr Skinner treats the patients in the way he does, what kind of treatment regime he uses – for example, thyroxine starting at 25 going up to 50 and 75 and 100, possibly Tertroxin and also explaining that he may be using Armour Thyroid, which is a non-licensed product and that doctors are allowed to use it if they feel it is appropriate for that particular patient. So that is all the information and guideline things that we give to patients.

F Q I am just going to, through you, Dr Ahmad, show the Panel that other document. They have seen, again in file 2, a mass of protocols and guidelines, some of which will be handed to the patient. It is D27, please. (*Same handed to the Panel*) I do not read out the detail of it, but on the fourth paragraph on the first page there is mention of:

G “Long term adverse effects of thyroid replacement are more controversial. Some colleagues believe that a reduced thyroid stimulating hormone level (TSH) or increased level of thyroxine (FT4) will eventually result in thinning of bones (osteoporosis) or a type of irregular heart beat which we call atrial fibrillation.”

There is discussion of that, and in the bottom paragraph it reads as follows:

H “Safety of any medication is of course of paramount importance and it is important that you are monitored at six monthly or yearly

A

intervals once you are stabilised on your level of thyroid replacement and, of critical importance, that you provide notification of any adverse outcome to one of your medical carers.”

Over the page:

B

“In summary it is important to report adverse effects or unusual symptoms or signs to your family practitioner or other specialist colleague. If you are taking thyroid replacement do not suddenly decide to make a significant increase or decrease in your dose level without prior consultation with your medical carer.”

That is dated the end of August this year?

C

A That is right. Dr Skinner wrote that document and we give that out to patients now.

Q I think what we heard from Dr Skinner is that in the course of his one hour’s conversation with patients on a first visit that would, in the past certainly, have fallen within the subject matter of the discussion?

A Yes.

D

Q Clearly, this is an extra layer?

A This is an extra layer and I think it is useful to the patients to have something they can take away, because often I think in a consultation it is very difficult to remember all the different aspects of the conversations that have gone on and, you know, Dr Skinner feels that it is now very important that they have a piece of paper that they can read and refer to in their own time when they go home, so we give that to everybody.

E

Q Again, it is a requirement from the Interim Orders Panel from June 2005 that there be a blood test before there is any treatment?

A Yes.

Q How regularly are patients being sent for or asked to undergo repeat blood tests during the course of their treatment if they are being treated by Dr Skinner?

F

A Okay. For new patients when they come, they either come with the blood tests, which are their most recent blood tests, which will be anything within the last week to the last fortnight, two or three weeks and so on. So they either come with the latest blood tests or Dr Skinner does blood tests for them. Thereafter, the blood tests are done, I would say now – it is difficult...I am not a medical doctor and I do not sit in in the

G

consultation so it is difficult for me to say, because it depends on the individual patient, but I would say approximately three months, six months, nine months, a year, and then every six to nine months. How we keep tabs on that is obviously when the patients come for follow ups one can keep tabs on that. Repeat prescriptions in our practice are only given for three months at a time and every time a repeat prescription is sent out the patients are also sent a whole lot of bumf plus what we call a pink form. The pink form asks for their personal details, which is name, address, phone number. It also says “When did you last see Dr Skinner or your GP?” It also asks when you last had a blood test. It asks for their total dose of each medication they are taking and the dose and the medication for which they require a repeat prescription.

H

A

When we see on the form that if anyone has slipped the net and they have not had a blood test for six, seven months, we phone them up and say “Look, you don’t seem to have had a blood test, will you go and have one with your GP? Otherwise, come and see Dr Skinner.” We also, where we are unable to talk to patients by telephone, we actually send them that in writing and say “Dear Patient, here is your prescription. If you have not seen a doctor or had a blood test within the last six to nine months please go and see your GP or come and see Dr Skinner”. So we do that. We are sort of keeping tabs on both the follow up and the blood test quite closely.

B

Q What about contact between Dr Skinner and the GP?

A Every single time he sees a patient there is a letter. Am I allowed to say those are presented at the IOP?

C

Q Partly that is an order made by the Interim Orders Panel but was it happening anyway?

A It was happening anyway. In the past, we just sort of had them and filed them away under the patient’s sort of records, whereas now, since the interim order, we photocopy them. We photocopy both Dr Skinner’s clinical notes made in the consultation and also the letter he does to the GP, plus the referral letter which comes to the doctor.

D

We actually file them in separate files, which I think about three weeks before the next IOP comes up we send off to the Medical Protection Society, who then forward it to the Panel as and when it is required.

The other thing we also do, and which is also a requirement – this is something we did not do before the interim order but which we are required to do and which we do now – is patients are asked to sign a log book, which is also sent to the GMC. That has the patient’s name, their GP’s name and their GP’s contact number, and the Medical Protection Society then anonymise that, because we also have the NHS numbers for the patient, and they anonymise it and send it to the Interim Orders Panel.

E

MR JENKINS: That is all I am going to ask you, but I think it might be useful for the Panel to have a copy of the last Interim Orders Panel decision so that they know the conditions that we have been talking about. D28, please. It is only a short document. *(Same handed to the Panel)*

F

MR KARK: Can I just indicate that Mr Jenkins indicated to me that he wanted to put this in and I have considered it. Very often, of course, you do not hear what an IOP Panel has done; you certainly do not hear it in part one because it could influence you one way or the other and it is obvious that you are not bound in any way by what previous Panels have done. Insofar as it has affected Dr Skinner’s practice to date since the interim conditions were imposed, it is obviously relevant that you can have it before you.

G

MR JENKINS: Those are all the questions I have of you, but there may be questions by others and the Panel may have the odd question after they have looked at the document I have just handed to you.

H

A

Cross-examined by MR KARK

Q Again, I just have a few questions. In terms of insisting on a referral, is that something, can we take it, that has been----

THE CHAIRMAN: Could I just interrupt? Should we take a minute to look at this, D28?

B

MR KARK: I am sorry.

(Long pause)

THE CHAIRMAN: Thank you.

C

MR KARK: I just have a few questions of you. In terms of insisting on a referral from a doctor to Dr Skinner, can we take it that that has been in place since June 2005?

A And before then. Before then our practice always asks new patients who have phoned and said they would like to come and see Dr Skinner, we have said that as a rule we required a letter of referral from you and a number of patients, as I have said, every now and again would turn up either and say "Oh, I'm really sorry, I was going to bring one but I forgot" or "My doctor initially said he or she would do it and didn't do it". That practice has now completely stopped and since the Interim Orders Panel met for the first time – I cannot remember when – since then and also since the Healthcare Commission there are no patients seen in our practice without a referral letter.

D

Q The Healthcare Commission: forgive my ignorance but do they have power to impose conditions upon you?

A No, but it is good practice. They impose good practice.

E

Q Do you have to provide them with, in effect, a practice plan or a business plan to demonstrate how you are going to behave during the coming year as a practice?

A Not a business plan, but when they come for inspection they sort of see how you have coped with all the different aspects of the practice in the previous year and then they say "That looks fine, carry on", or I suppose they say "You haven't met with our minimum care standards, therefore we can't certify you as having passed".

F

Q I appreciate what you have said, but were it not for the conditions imposed by the Interim Orders Panel the Healthcare Commission in fact would not be able to impose any requirement upon you of that nature?

A No, apart from good medical practice as such.

G

Q Apart from blood tests for TSH and T4 and T3, does Dr Skinner regularly require any other blood tests?

A I would imagine that would depend on individual patients.

Q I am thinking particularly, obviously, of cortisone levels and things like that?

A I would think that would be on individual patients. The ones that we stress are sort of...I think in the letter which we send to patients it says "Please bring along any other blood tests" and I think in that list it has TSH, FT4, FT3 and possibly cortisone.

H

A

Q How many of the patients get one of *these*, the possible side effects document?
A Since August.

Q How many of your patients get these?

A The ones that have been coming to our practice since August 2007, in terms of numbers I do not know. I am afraid I could not tell you the number.

B

Q Are you saying that it is all those patients who are put on thyroxine?
A Yes, we give that to everybody.

Q When Dr Skinner gave evidence during the hearing, I think he said that something like 95 per cent of the patients who walked into the clinic came out with thyroxine. Do you have any idea of what proportion of patients coming out of Dr Skinner's practice are either coming out with thyroxine or getting referred to other specialists?

C

A I would just agree with what he says, because I am not sitting in the consultations with him. I am a sort of paperwork person.

Q Do you know how many of the patients are being referred to other specialists?
A I could not say.

D

Q As you appreciate, the GMC have invited the Panel to consider suspension?
A Indeed.

Q Were this Panel to consider conditions, those conditions would, in due course, fall away because there is a time limit on conditions. What assurance, if any, could you give on Dr Skinner's behalf that this good medical practice would continue?

E

A Absolute. I could give you 1,000 per cent assurance that that would be done.
Every year – well, I suppose not every year – every so often we have a sort of group meeting where we address any inadequacies that we feel as a practice may be highlighted and we address them. Sometimes, they would be something as mundane as we had a sofa that people were complaining that if they sat in it they sunk in it. It became quite an issue. I am very grateful to my brother actually, who provided us with a lovely sofa. The other mundane issue is the colour, so hopefully we will be able to address that as well. It is those kind of things plus, you know, the more serious things like how do we ensure that all the prescriptions going out is absolutely what the patients are asking and we must keep records and all that kind of thing – so across the board. Also, just the quality of service we offer---

F

Q I am sorry to interrupt you. Who takes part in these meetings?

G

A Dr Skinner, myself and our receptionist, who was Helen Windsor, who is presently on maternity leave so we have another lady, who is sort of our receptionist at the moment.

Q It is effectively you, the receptionist and Dr Skinner?
A Well, that is the practice.

H

Q Are you employed by Dr Skinner?
A I am not. I act as a volunteer. I help him with the practice.

A MR KARK: Thank you.

MR JENKINS: I do not re-examine.

Questioned by THE PANEL

B DR ELLIOT: When was the practice first registered with the Healthcare Commission?

A I think three years ago.

Q Is it for those three years that you have been working there as a volunteer or did it precede that?

A I have been helping Dr Skinner for a very long time.

C Q In an administrative capacity?

A In an administrative capacity, yes.

Q I think you said that a referral letter from another practitioner, normally a GP, was something that was recommended by the Healthcare Commission?

A Yes.

D Q That is correct, is it – I understood you correctly?

A Yes.

Q You also told us about in addition to the side effects document which has been circulated, you told us that patients completed a detailed questionnaire about their clinical features?

A Yes.

E

Q Can you recall when that was introduced?

A Gosh, that has been going on for a very long time. Initially, some patient would say "All right" and it was a kind of voluntary thing but it was not kind of put in practice in such a sort of...how can I explain it? A thing that is more or less 100 per cent requirement now; we did not used to do that. I would say we did it in a haphazard way coming up to about two or three years ago. But we did write a paper which was published which did actually use that same kind of format which we have been using and that paper, I think, was published in 2000. So the data in that paper is actually data filled in by patients prior to that. In effect, that kind of filling in of the forms has been going on since Dr Skinner's practice started.

F

Q You also mentioned collecting the details of patients with a view to future research?

A Yes.

Q You said something about asking the Healthcare Commission's permission?

A Yes.

H

Q Would they be acting then as a kind of ethical committee?

A That is right. When they came to see us, in some of the discussions, they do ask you what your sort of plan is on the research side. So if ever you want to do research not

A he data that you have in house you do have to ask their permission to do that. We are not allowed to just use the data in house just because we have it.

Q I want to ask your opinion about something now---

A Am I allowed to give it? (*Laughing*)

B **Q** Obviously, there are a lot of constraints on the clinic now, partly because of the registration with the Healthcare Commission and partly because of the conditions of the Interim Orders Panel which we have only just seen just now. Have any of these conditions resulted in any benefits for the practice, in your opinion?

A I think it has made us pull our socks up a little bit. I must say from the administrative point of view it is a good thing and we have been able to sort of, I think, provide a much, much better standard of care for the patients. Also, close any loopholes that might have allowed certain things to slip through. I think they give us a good level of something to work towards and provide the best service we can – which is always, as somebody looking after people, you always want to do the best for those people and anything that enables you to do better can only be a good thing.

C

DR ELLIOT: Thank you.

D **MRS WHITEHILL:** Dr Ahmad, I would like to ask you a question about the document “Possible Side Effects of Thyroid Replacement”. When was this document created?

A Dr Skinner wrote it. With all these documents we create, we do put a date because it gives us a reference point of when that document came into being and started to be used in the clinic. So the date there, “Review Date: 29th August” is the date this document came into being.

E **Q** So the review date here is not a review date, it is the date the document was created?

A It is the last time we looked at the document and corrected the typing or changed anything.

MRS WHITEHILL: Thank you.

F **MR PAYNE:** Most of the questions I had have been covered by a colleague but I am still unsure of the date that you actually joined the practice?

A I could not say an exact date because I have been helping Dr Skinner with the administrative side for really years and years and years. I have worked in the science side with Dr Skinner since 1985 and when he sort of went into the thyroid side I helped him with the administration.

G **Q** So you cannot give me a date when you became the title of Practice Manager then?

A I do not have an official title as a practice manager. As I said, I do not actually have a salary for the work I do.

H **Q** I have gathered that, yes. May I ask you what made you take over this administrative role?

A The fact was that on weekends Dr Skinner and I used to sort of make sure that we

A were up to date with all the scientific side of things, that all the experiments were written up, all those things were done, and then used to sort of go on to doing his practice stuff. I said “Well, I’ll help you with that” and I sort of started with that. I became quite interested, as a scientist, in the whole question of this people will have clinical signs and symptoms and normal blood tests and all the rest of it, and I said “Would you mind if I actually helped you with the administrative side”, and I started to help him with that and then I was involved quite a lot in the writing of the paper that we submitted and was published. Because I had been involved in that – and that was quite a lot of paperwork and it needed for us to go through notes and get all the information and so on – I became quite familiar with the practice and I asked Dr Skinner if I could continue and do the administrative side and he agreed.

B

C Q Have you a background in administrative work? Are you a specialist in the field? Why suddenly was there an interest to do the paperwork?

A I am interested in science and research, so the problem of people who have a thyroid problem with all that we have discussed interests me and so I became interested in that. I do not like advertising and I do not like to boast, but I do come from a medical family. My father was a GP, my husband is a doctor, my two sons are doctors, my uncle is a doctor, so I have always been involved in the medical world and workings of it. I used to help my dad with his, sort of, reception work.

D Q I am trying to ascertain why you became the practice manager (for want of a better title) or why you took up the administrative role. Was there some deficiencies in the administration before you took over?

A Helen, Dr Skinner’s secretary, used to be involved in that work. I started off helping her and then she sort of moved on to just reception duty and I looked after the administration. I do not sort of know quite what answer you are looking for from me.

E Q I am just wondering why it came to be that from working in the scientific field you have ended up running the administrative side of the practice, and I was just trying to ascertain whether it was perceived that “We’re falling down in this area, it’s been a learning curve for us all” – that is why I am trying to find out why you were drafted in to run the practice?

F A I volunteered myself – I was not drafted in at any stage. I would imagine that if I had not been there perhaps Dr Skinner would have taken on a person in that role officially.

MR PAYNE: I will leave that. Thank you very much.

G THE CHAIRMAN: I have a couple of questions. The “Possible Side Effects” paper. Were you involved in drawing this up?

A No, it is Dr Skinner’s work wholly. I typed it, so apologies for mistakes.

H Q So the review date is August 08 but that is by the by. So if I ask you the question on the very last line on the final paragraph, and there is another – the last paragraph on page 1. Basically, what it is saying “Any side effects, would you notify your medical carers”. I am wondering who the medical carer is meant to be?

A That would either be Dr Skinner or the GP of the patient. It is actually referring to any of the medical carers looking after the patients, such as Dr Skinner or the GP or the

A endocrinologist.

Q Who takes the ultimate responsibility if they felt that there are thyroid replacement side effects, who should take ultimate responsibility for those side effects?

A That I do not know. I would imagine the person who is doing the prescribing, which would be Dr Skinner.

B **Q** About the Healthcare Commission, did I hear you say that now all private practices have to be visited every year?

A In England. From my understanding, the Healthcare Commission is a government body and all private practitioners have to register with the Healthcare Commission.

Q Have to register, but are they all visited?

C **A** I would think so. Visited in terms of the annual inspections, you mean?

Q Are they?

A I would not know. I only know about our practice.

Q It was just that that is what you said. I thought you had said that all private practices now had to have annual inspections?

D **A** Have to be registered with them, sorry. All private practices have to be registered with them and then we have had two inspections from them.

Q Is there a reason why you have had two inspections from them?

A They come to make sure that all your paperwork is right, that your sink is where they say it should be, that your labels saying "Fire exit this way" is in place – that kind of thing.

E **THE CHAIRMAN:** Thank you very much. Are there any further questions?

MR KARK: Just one question arising out of Mrs Whitehill's question and also the Chair.

Further cross-examined by MR KARK

F **Q** This is coming back to this document. I think we were trying to find out when it was first created. Is that the date on the document?

A Yes.

Q So it had not existed before then?

G **A** No.

THE CHAIRMAN: I am sorry, I do have one more question.

Further questioned by THE PANEL

THE CHAIRMAN: This was done in August?

H **A** Yes.

Q There are some patients who now visit Dr Skinner every year?

A

A Yes.

Q Has this been sent to all the patients?

A This has been sent to all the ones that come in through our door---

Q Those coming in now, as opposed to those---

B

A In now, since August. We are now going to send these through the prescription requests. The prescription request is actually a fantastic way of keeping up with all the patients, rather than doing a sort of posting out to everybody. With each prescription request, because they are made every three months, we will send one of these, so that we will go round everybody hopefully and everybody will get this. Previous to this, in all the bundle of paperwork you have to do with the Healthcare Commission, this kind of thing is mentioned in the paperwork but it is within other things, so it was sort of lost. So what we have done now is created a completely separate thing with a clear title so that that aspect of the treatment, which is "Possible Side Effects of Thyroid Replacement" are now highlighted as a proper issue rather than being part of one of those other documents. If you read those documents, you will find that quite a bit of this is actually within those documents, so we have just really created a document that has much more punch to it because it has given us a separate entity rather than part of a previous document.

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THE CHAIRMAN: Thank you very much.

DR ELLIOT: Are your patient information documents inspected by the Healthcare Commission also?

A Yes.

E

Q For readability scores and so on?

A Yes, yes. Everything is looked at.

DR ELLIOT: Thank you.

Re-examined by MR JENKINS

F

Q Did you say you started doing research with Dr Skinner in 1985?

A 1985 I think I joined him.

Q Were you doing research with him in the years that followed until now?

A All through and still now, yes.

G

Q The clinic in Alcester Road in Birmingham has been running since 1999, I think we heard?

A Yes.

H

Q A paper that you were one of the authors of – the Panel have seen it before, it is in bundle C2, tab 4, page 128, "Clinical response to thyroxine sodium in clinically hypothyroid but biochemically euthyroid patients". That was published in the journal of Nutritional and Environmental Medicine in the year 2000?

A Yes.

A

Q So you were one of the authors of that paper?

A Yes.

Q Is that based on patients who were seen at the clinic in Alcester Road in Birmingham?

A Yes.

B

Q You have told us that the data for that review article was taken from questionnaires that patients---

A The same questionnaires, yes, with all the lists of clinical signs and symptoms.

MR JENKINS: Thank you. That is all I ask.

C

THE CHAIRMAN: You are finished with. Thank you very much.

(The witness withdrew)

MR JENKINS: Madam, I have got a number of more documents to give to you and I have got some closing remarks to make, but I would invite you to take a short break now.

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THE CHAIRMAN: Twenty minutes, and we will return at four. Thank you.

(The Panel adjourned for a short time)

MR JENKINS: We have found an earlier document – I am sorry to undermine the evidence of the last witness but she did find immediately after giving evidence a document from 2004 which covers the same material. Mr Kark and I both think we have seen it before, but whether it is lost deep in bundle C2 together with the other documents, I am afraid I cannot help. I will certainly recall the witness if you would like it, but why do I not start by giving you the earlier document and you can look at it. If anybody wants to hear from Dr Ahmad again, I will certainly recall her. If I may, I will distribute this.

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THE CHAIRMAN: D29. *(Same handed)* If you would just give us a few minutes to peruse it.

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MR JENKINS: Of course. *(Long pause)*

DR ELLIOT: It is D11.

G

MR JENKINS: I am sorry to give you documents that you have already seen – I am grateful. Thank you very much.

It is the third paragraph that is the relevant one, I think:

“It is unusual to experience adverse effects from thyroid replacement but if your dose becomes too high you may experience feelings...”

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and various examples are given,

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“...and in some patients, palpitations...it is important that you contact Dr Skinner by letter or telephone or fax to seek advice if you are at all concerned.”

That obviously is dated June 2004.

B

The second matter relates to registration of the clinic. This is a matter of law so I can tell you, and I am sorry to provide it to your learned Legal Assessor but I have given him the first half of the Care Standards Act 2000, which is the Act of Parliament which governs the Healthcare Commission (as it now is) and the registration of private clinics. The Care Standards Act deals with a vast range of topics – social workers, children’s homes, private hospitals and matters of that nature – but what it sets up is a scheme of registration and policing of different types of institution but particularly independent clinics, independent

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hospitals. I have highlighted, for the learned Legal Assessor’s assistance, the relevant sections that deal with independent hospitals and clinics. This is an independent clinic, it is not a hospital. The relevant provisions of the Act allow the Healthcare Commission to register an institution, an individual, a named individual is the registered person; the Healthcare Commission can impose conditions on the registration. It is a criminal offence to act without registration; it is a criminal offence to act outside or in breach of any of the conditions that are attached to the registration, and the Healthcare Commission can shut you down if they see fit. Again, I have tried to highlight the relevant section.

D

There is annual registration for the institution and inspection as regularly as the Healthcare Commission deems it necessary. It may be if they are not doing any inspections, that is because they are content with the way the clinic is being done. Again, I am contradicting to some extent the evidence you have just heard from Dr Ahmad. They can indeed impose conditions; it is a criminal offence not to comply with conditions and they can shut you down if they see fit – either because someone has been involved in committing an offence, because the clinic is being operated in breach of any of the conditions that have been imposed, or for any other reason. They have extensive powers – I have again highlighted the section – but they can ask for any document that they want to see or that they think may be relevant, and it is an offence not to provide them with it. So they have extensive powers of regulation.

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Can I now give you some more documentation? What I have said is that the large bundle of patient testimonials that I have provided you with, D26, is not a complete bundle of patient letters. More have come in and we have also separated out a bundle of letters from doctors, because those are obviously relevant as well.

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Can we start with the doctors? I am not going to read any of them to you, madam. I know the Panel have a lot of reading that I have already given to you earlier today but I would invite you to label this as D30 and I know you will read it in due course.

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THE CHAIRMAN: It has been brought to my attention that in fact this will be D29 because we had already had the previous exhibit as D11. (*Same handed*)

MR JENKINS: That is the doctors’ bundle. D30, please, is a second, smaller, patient

A bundle.

THE CHAIRMAN: This will be D30. (*Same handed*)

B MR JENKINS: Thank you very much. Again, I am not going to take you through it – I know that you will read it. There are three other documents I would like to provide you with: one is an updated letter from Christopher Shopland; you know there is a copy of his letter in the bundle but I have been asked to put in an updated document and I will. It takes him up to going to college.

THE CHAIRMAN: This is D31. (*Same handed*)

C MR JENKINS: The next letter is from Mrs Ricketts's son. You heard from Mrs Ricketts herself and she has asked that a letter from her son goes in as well, so that you see matters from his perspective. I would invite you to accept it – it is a short letter.

THE CHAIRMAN: That will be D32.

MR JENKINS: Thank you. (*Same handed*)

D The last document is a paragraph from a report of the House of Lords Select Committee on Science and Technology from the year 1999 to 2000.

THE CHAIRMAN: D33. (*Same handed*)

MR KARK: Is D31 meant to be just two pages?

E MR JENKINS: Yes.

MR KARK: It looks as if there should be more of it.

MR JENKINS: I think it is just two.

F THE CHAIRMAN: It finishes mid-sentence. No name or date.

MR JENKINS: I am afraid we have left the second page out – we will sort that out.

G This last document speaks for itself, but it says, essentially, that the House of Lords Select Committee on Science and Technology were strongly in favour of clinical freedom. It says:

“It is our opinion that as long as the treatments are known to carry no, or few, adverse effects, it would be against the principles of clinical freedom to prevent patients from having access to therapies which fulfil their criteria and have never been restricted. This is especially the case if the patients believe that such therapies help them, and the only argument against them is that an inadequate evidence base, derived from controlled trials, does not exist. It is also our opinion that mechanisms of action are of secondary importance

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to efficacy, a view shared by NICE. We also believe that the principle of clinical freedom should allow therapy with any reliable evidence of efficacy the opportunity of validation by further research and the possibility of MHS provision. Any medicine with credible accepted evidence for efficacy should be available, whatever the controversy over its underlying mechanisms.”

B

Madam, you will recall that Dr Skinner has from the earliest time called for more research into the condition of patients who may have the signs and symptoms of hypothyroidism but whose chemistry falls within what is called the reference range. There are others, perhaps those closer to the purse strings on questions of research, such as Professor Weetman, who do not favour research in that field; who feel it is unproductive to engage in research there. There have been calls for further research to be undertaken, but in the absence of further research – and you know Dr Skinner is keen to partake in it – what I would suggest is there clearly are benefits that patients are getting from being put on trials of thyroid replacement therapy. You have heard from hundreds, literally hundreds, in the documents you have seen of patients who have benefited, some of them hugely. I would suggest it should always be the case that doctors should be able to do what they honestly regard as being in the patient’s best interest.

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This case is about some doctors holding strong views and complaining about one other doctor, this one. You have said of Dr Skinner that he lacks insight, effectively. You have said that he has shown a failure to reflect. You have seen the subsequent documents and he is clearly unhappy at the criticisms that have been levelled against him. I would invite you to reflect that it may well stick in the craw that doctors such as Professor Weetman should complain about treatments which they have not undertaken, about patients which they have not seen.

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You will recall that with some of the earlier complaints – Malcolm Prentiss was one – there were factual inaccuracies in the complaints that were made. Malcolm Prentiss was complaining that the patient was started on 150 mcg and it was not the case. Other factual inaccuracies led some doctors to complain. One can understand, perhaps, a doctor feeling unhappy that some such as Professor Weetman should complain when they do not regard those patients as true patients; they think there is nothing wrong with them and the treatment is wrong. Again, you will recall, Professor Weetman criticised every aspect of Dr Skinner’s care of his patients – every aspect. You will recall Mr Lynne was rather more balanced in his view of the notes, the quality of the initial assessment, the note keeping, and the decision to put patients on a controlled trial.

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Again, Professor Weetman does not favour research into patients, such as the patients from whom you have heard and from you have yet to read testimonials.

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What you should do, I suggest, is to concentrate on Dr Skinner’s treatment of the patients. What he has done from the very start of his treatment is to make sure that blood results are available. He has made it absolutely plain, in his book and in his evidence before you, that he does not regard blood tests as the be all and end all of the diagnosis. He is happy to look at the patient, indeed anxious to look at the patient, and examine them. You have heard evidence from many, many people, a number more today, where all that is treated is the blood test result – the patient is not even examined. In some cases, it seems the

A consultation with the endocrinologist may be extremely short and an unhappy one from the patient's perspective. Dr Skinner does not leave his patients in that way. He does not leave them feeling that the doctor is not interested in them.

B He does do blood tests, he does not regard them as determinative of the conditions, but he plainly does them and he has done them for years. He does undertake very thorough examinations and he takes a full history. He does communicate with GPs and he always has done. The Interim Orders Panel conditions that you have seen today simply reinforce what he has been doing throughout his treatment of these patients.

C It is for you to decide what should happen with this doctor. You have obviously made findings as to the facts based on the evidence that was then before you. There were plainly concerns about Patient B and the question of palpitations. You have heard more evidence now. I do not invite you at all to review any factual findings you have made, but having heard from Patient B that she still suffers from palpitations – that she has done for years on and off – it may enable you to place the palpitations that were spoken of during her treatment by Dr Skinner in a proper context.

D Do you say now that it is apparent that her palpitations must be due to over-treatment? No, surely not. The point was she did complain of palpitations and Dr Skinner wanted to know about it and he wanted to consider it, and he did – and you know what his medical records show, that on one occasion the suggestion was that there had been quite a lot of alcohol consumed and that was an explanation. Again, it is something I have said to you before: what is important is that Dr Skinner was enquiring into it, was looking into the reasons that there may be for palpitations.

E What you know, again from the document D11 that I have tried to hand up to you again, he has always been interested and eager to know if there were any side effects from his patients on the medication that they have been provided with. That documentation has been updated. That, surely, is the important point – and updated before he wrote a letter to the GMC in September.

F It is for you to decide what is in the interests of patients in deciding whether to impose a sanction and, if so, which one to impose. You have to look at broader questions than just this doctor; you have to look at the patients that he has treated and may yet treat; you have to look at the public interest. When you do, can I suggest that you take this approach? Look at the patients that he has treated. Look at what he has achieved for them. Set that off against the complaints that patients have made in this case that you know about. There has been one complaint on the evidence that you have heard, Mrs A – she did not like his manner.

G Which other patients that you have been told about have complained about him; that the treatment was giving them side effects? When you put those two elements into the scales, what I would suggest to you is that you will be left saying that this doctor should continue to treat patients; it is overwhelmingly in their interest that he should do so.

H You have seen that since June 2005 there have been conditions attached to his practice. They have worked. It is nearly two and a half years. Again, they have been effectively reinforcing what he has been doing anyway, but building into the conditions as well a

A mechanism whereby there can be a checking at an Interim Orders Panel hearing every six months or so. If you are approaching the question of sanction, plainly you have to approach matters on a step-by-step basis. I know that you are an experienced Panel but I remind you that you start by saying "Is it sufficient really to conclude the hearing?" You can then go on, if it is not sufficient to conclude the hearing, to go on and consider the question of conditions. If you conclude that conditions are not sufficient only then do you go on to look at questions of suspension or, subsequently, erasure.

B What I say is that knowing that there has been two and a half years, or very nearly so, when conditions have been imposed, that will lead you to say that if there must be a sanction conditions are more than adequate to deal with this case.

C What Mr Kark has called for is a review. I agree, that if you were to impose conditions you can impose them for up to three years, but you may feel that there should be a review after twelve months to see whether the conditions have been adhered to and whether they are workable. The conditions that you can impose are very similar to those that have been imposed heretofore: that he should only treat patients who are referred to him by a registered medical practitioner; that he should confine his practice to such patients who have been referred to him for possible problems concerning the thyroid; that he must ensure that there are blood tests or blood test results before he prescribes for any such patient, and that there are regular blood tests carried out during the course of the treatment; that he should communicate his treatment plan and the treatment to the referring doctor or the GP if the two are different.

D Those are the sort of conditions which have been imposed and which have worked. They would plainly allow Dr Skinner to continue to treat the patients he has and what you know is it would provide an enormous source of relief to the patients. You will see it again and again in the documents you are yet to read – patients terrified of what might happen if Dr Skinner is not able to treat them. You have heard today, and you will see it again in these documents, the suggestion that other doctors are intimidated, other doctors are reluctant to prescribe thyroid replacement therapy for fear that they may themselves be the subject of complaint.

E We know that some GPs will not prescribe Armour Thyroid. The reasons, perhaps, are not entirely clear but they will not. For those who are settled and have been for some period on Armour Thyroid as a prescription, it is not at all clear where they may go if they are not able to receive treatment from Dr Skinner. We did hear one patient who went to the internet and got a medication through that route. You will know, as people who read the newspapers, there are major concerns about medication that people can try and get over the internet, about the quality of the medication, and that patients can effectively go off the radar if they try and follow that route. That must be part of the risk if you take action to restrict Dr Skinner's patients' access to him.

F What I say is that you can certainly impose conditions to ensure that he continues to prescribe in the way that he has done for the last two and a half years or so. You know the way in which the practice is set up; you have heard from Dr Ahmad and you may have been very impressed with her and the general quality of the documentation. You will have been very impressed by the patients' views about the level of commitment that Dr Skinner has shown to their care and treatment. I think it is probably fair to say there is

A little more he could have done in terms of thoroughness of his examination, his discussions with patients, his discussions about their family history and matters of that nature. As experienced Panellists, you will certainly have seen other cases where doctors take a rather cursory approach to patient care. This case is a million miles from that.

B You are invited to consider suspension. I say you do not need to do it. You do not get to the stage, if you follow the hierarchical structure of the rules, where you say conditions are not sufficient or they could not be imposed which would be workable, because they can and they have been. To suspend would be inappropriate. It would be unfair on Dr Skinner, I would suggest, and you cannot ignore the consequences for the patients. Erasure would be monstrous.

C There is one other matter. You have made findings that it was unreasonable of Dr Skinner to decline a performance assessment. It is open to you to order that he undergo a performance assessment. You heard me before on Dr Skinner's position. He is not a GP; if he were to undertake a performance assessment as a GP he would not do well. He is not an endocrinologist and if he were to undergo a performance assessment as an endocrinologist, again he would not pass it. He practises in a very small field and I suggest it is not appropriate in those circumstances to require him to undergo a performance assessment on a wider basis.

D The other point is this. At the time the suggestion was made that he should undergo a performance assessment the allegations against him were rather wider than those which you have found proved. It was suggested, again through Professor Weetman's report, that every aspect of Dr Skinner's care fell short, that everything he did was inappropriate and irresponsible. You have not found that at all. In those circumstances, I would suggest you can say there is not a need for a performance assessment of this practitioner here.

E Madam, those are the remarks that I made to you. The most important aspect of the case, clearly, is how he is treating the patients, the regard in which they hold him and the reasons why they do so. He has transformed lives. Few practitioners can say that but he has hundreds of people saying exactly that of him.

F In the documents that you have yet to read, you will see at least two letters from individuals encouraging you to make a wise judgement in this case. What I would say is that the wise course would be one which allows him to treat his patients. again, I do not need to take you through this bundle, but it is clear that there are many other issues here. With the first patient on page 1, the patient was seen by Dr Skinner but not treated – he was sent straight off to a cardiologist. Dr Skinner was clearly concerned about him and sent him off.

G Page 3 (I am not going to take you to any other pages): there is this plea in the last typed paragraph:

H “Please, whatever some doctors may think of what he is doing please look at the results of what he is doing. I hope you will then agree that if anything needs to be done with regard to Dr Skinner's work it is that research urgently needs to be carried out as to why his approach works.”

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Then you will see the postscript on page 3 in handwriting:

“Please don’t condemn me to have to go back to the hell I was in before Dr Gordon Skinner got me well.”

B

Madam, those are the matters that I address you on.

THE CHAIRMAN: If there are no further questions? That ends the submissions by both counsel and now the Legal Assessor will make comment.

MR JENKINS: Before he does, can I stick in the missing page out of Christopher Shopland’s document? It is the missing page. (*Same handed*) Thank you very much.

C

THE LEGAL ASSESSOR: Members of the Panel, having found that Dr Skinner’s fitness to practise is impaired you must now take actions pursuant to section 17(2)(n) of the General Medical Council (Fitness to Practise) Rules Order of Council 2004. That reads:

“The FTP Panel shall consider and announce its decision as to the sanction or warning, if any, to be imposed or undertakings to be taken into account and shall give its reasons for that decision.”

D

No undertakings have been offered in this case and you could only impose a warning if you had not found Dr Skinner’s fitness to practise to be impaired.

In deciding what sanction, if any, to impose you should bear in mind the guidance given by the Indicative Sanctions Guidance of April 2005, which you will find behind divider E of your green folder.

E

If I can deal very briefly with some matters, paragraph 19 of the Indicative Sanctions Guidance says that the decision as to the appropriate sanction to impose in this case is, of course, a matter for the Panel, exercising its own independent judgement.

F

Reference has been made, and may I remind you, that in making your decision as to sanction you should approach the sanctions in the order of the least first to the greatest last.

The purpose of the sanctions is not to be punitive but to protect patients and the public interest, although they may have a punitive effect.

G

As I have said, the decision as to the appropriate sanction to impose is, of course, a matter for you, but in making that decision you must be sure that the action you propose to take is sufficient to protect patients and the public interest and act within the framework which is set out by the General Medical Council and reflected in the Indicative Sanctions Guidance, and give reasons for your decisions on the appropriate sanction. Where you decide to impose conditions or suspension, you must specify the periods the conditions or suspension are to apply and to explain why you consider that particular period to be appropriate.

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A Where you impose a lesser or higher sanction than that suggested by the Guidance, you must fully explain why you consider that sanction appropriate. Such information is important so that the doctor fully understands the reason for the decision. It is also important so that any member of the public can understand how and why you reached your decision. Further, of course, in the event that either the doctor considers an appeal to the High Court or the Council of Healthcare and Regulatory Excellence is considering a referral to those courts, it is important that those concerned can reach an informed decision.

In deciding what sanction to impose, you should apply the principle of proportionality, which is to say you weigh up the interests of the public with those of the practitioner. Those of the practitioner could, of course, include returning immediately or after a period of retraining to unrestricted practice.

C In addition, you need to consider any mitigation in relation to the seriousness of the behaviour in question.

If you look at paragraphs 16 to 17 in section 2 of the Indicative Sanctions Guidance, you will see some guidance as to how to deal with references and testimonials. You will find that at page S2-4.

D Dealing with the public interest, I think it was the Merrison Report that stated that the GMC should be able to take action in relation to the registration of a doctor in the interests of the public and that the public interest had two closely woven strands, namely the particular need to protect the individual patient and a collective need to maintain confidence of the public in their doctors; that the public interest includes, amongst other things, the protection of patients, the maintenance of public confidence in the profession and the declaring and upholding of proper standards of conduct and behaviour.

E In making your decision, you must keep all the factors which have been set out above and confirmed in judgments, which you will find at the end of the Indicative Sanctions Guidance, at the forefront of your mind when considering the appropriate sanction to impose against the doctor's registration.

F Thank you very much.

THE CHAIRMAN: Thank you. Any comment?

MR KARK: No comments, thank you.

G MR JENKINS: Nor I.

THE CHAIRMAN: We will now then go into *camera*. Thank you, everyone, for your attendance and we will reconvene some time tomorrow, probably after two o'clock.

H STRANGERS THEN, BY DIRECTION FROM THE CHAIR, WITHDREW
AND THE PANEL DELIBERATED IN CAMERA

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*(The Panel later adjourned until 9.30 a.m.
on Saturday, 10 November 2007)*

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