Assistant Registrar Decision Rule 4(4)



Provisional Enquiry Case Number: GRO-C

Doctor's name (and GMC number): Neil Ian McDougall, 3304996

**Date of decision:** 17/06/2021

# A note of acknowledgement

I am sorry to hear of the circumstances that led to Ms Christina McLaughlin contacting us with their concerns. I would also like to thank them for taking the time to raise their concerns and for allowing us to review the care that Mr Eddie Conway and Mr Seamus Conway received.

I understand that this has been and may continue to be, a very difficult time for not only Ms McLaughlin, but also for Mr Seamus Conway's other family members and friends. I would like to take this opportunity to extend my sincere condolences for their loss.

## Our role as a medical regulator

Our role is to protect the public. This includes:

- protecting and promoting the health, safety and wellbeing of the public,
- promoting and maintaining public confidence in the medical profession,
- promoting and maintaining proper professional standards and conduct for members of the profession.

We investigate and take action when we have a serious concern about a doctor's behaviour or performance. It is not our role to punish a doctor. Instead, we aim to ensure that every doctor on the medical register is able to practise safely.

# My decision

I have carefully considered all of the information received during the course of this Provisional Enquiry. Ms McLaughlin is clearly distressed by circumstances outlined in their complaint; however, the actions of Dr McDougall do not raise any fitness to practise concerns and no action is necessary to restrict the doctor's ability to practise medicine. We can only take action when a doctor is not fit to practise medicine, and I do not consider that to be the case here.

Working with doctors Working for patients

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750) Whilst this matter will now be closed, this decision is not in any way meant to dismiss the concerns being raised by Dr McDougall. I have provided further explanation and reasons for my decision below.

## Summary of the concerns

The GMC received a complaint about Dr Neil McDougall, a Consultant Hepatologist from Ms Christina McLaughlin regarding the care provided to her brother, Mr Eddie Conway at Belfast Health and Social Care Trust.

Ms McLaughlin stated that Dr McDougall ignored blood test results in patients who were showing signs of cirrhosis of the liver which had been caused by hepatitis C. Ms McLaughlin advised that Dr McDougall refused treatment and scans and falsely claimed that Mr Conway had failed to attend appointments. Ms McLaughlin advised that Dr McDougall inappropriately discharged Mr Conway from his clinic. He then made a misleading referral to another hospital and instructed a doctor at said hospital not to undertake a scan.

An Assistant Registrar (an experienced member of GMC staff) felt that further information was needed to understand these concerns in more detail. This helped us to clarify whether there were any issues that needed a GMC investigation into the doctor's fitness to practise, which could lead to either restricting or stopping them from working. A decision was made to open a Provisional Enquiry using our legal powers under Fitness to Practise Rule 4(4) to get this information.

This Provisional Enquiry looked at the following concerns, that Dr McDougall:

- Refused to provide treatment and arrange scans
- Inappropriately discharged the patient
- Made false claims about the patient's attendance
- Ignored test results which indicated cirrhosis
- Made a misleading referral with inappropriate instructions

### Information received during the Provisional Enquiry

We are now in receipt of additional information which has allowed us to consider Ms McLaughlin's concerns in further detail.

#### Response from Belfast Health and Social Care Trust

The Trust advised that Ms McLaughlin's complaint was not progressed locally, as they were unable to obtain consent from Mr Eddie Conway to proceed. The Trust also explained that Ms McLaughlin advised that she was not making a formal complaint and if she chose to do so, this would be in the public domain.

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The concerns raised with the Trust reflect those documented in Ms McLaughlin's correspondence with the GMC. The Trust advised that the Deputy Medical Director, reviewed the care provided to Mr Eddie Conway and raised no concerns. They advised that the notes had been reviewed and were of a high standard. They highlighted that the medical record contains letters documenting non-attendance and attempts to encourage Mr Conway to attend clinics. Both teams were noted to have made considerable efforts to make bespoke follow up arrangements acknowledging the difficulties Mr Conway had in attending clinics.

The Clinical Director for Hepatology reviewed Mr Conway's care with another Consultant Hepatologist and were content with the treatment he received from the Hepatology service.

#### Dr McDougall's comments

Dr McDougall has provided the GMC with a copy of the statement he submitted to the Infected Blood Inquiry. Dr McDougall has also provided comments and supporting documentation which address the concerns raised by Ms McLaughlin in her complaint to the GMC.

Dr McDougall advised that he had tried to ensure that Mr Eddie Conway had the necessary follow up scans since the end of 2019, although he noted that Mr Conway did not want to return to the Trust. Dr McDougall provided letters which show that Mr Conway's scan results were communicated to him in September 2019. He was then offered a telephone consultation in January 2020, which he declined and a further scan in the summer of 2020 which he also declined. Dr McDougall contacted Mr Conway in January 2021 to encourage him to have an MRI scan. Dr McDougall provided a further letter to Ms McLaughlin dated February 2021

In this statement to the Infected Blood Inquiry, Dr McDougall explained that he had been the Clinical Lead for the Northern Ireland Hepatitis C Managed Clinical Network since 2007. McDougall advised that his meeting with Mr Eddie Conway on 28 November 2018 was not planned, another doctor had informed him he was sending Mr Conway for a fibro scan and he offered to be present as the lead for the hepatitis programme. He felt he would be able to offer input as Fibro scans can be technically challenging.

Dr McDougall explained the results to Mr Eddie Conway with his sister and a nurse present. Dr McDougall explained that the scan showed a high reading suggestive or cirrhosis and stated that he did not use the term advanced cirrhosis but said advanced fibrosis and surmises this is where the confusion arose. Dr McDougall discussed treatments and said he made it clear that the ultrasound did not show any evidence of liver cancer. He offered the option of having follow up scans and bloods every 6 months at Altnagelvin for convenience, however Ms McLaughlin advised she wanted the follow ups to take place in Belfast. Dr McDougall advised that this was arranged.

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Dr McDougall called Mr Conway's GP and asked that they speak to him to provide further assurance that the ultrasound had not shown cancer. Mr Conway started a 12-week course of treatment for Hepatitis C in December 18 and tests at the end of March 2019 confirmed his infection had been successfully cleared.

Mr Conway later required close radiological follow up after an ultrasound on 31 May 2019 showed a small focal lesion. This was to ensure any evidence of a tumour developing was identified. Mr Conway requested these take place in Altnagelvin rather than Belfast.

Dr McDougall advised that he met Mr Seamus Conway on one occasion on 6 October 2017. Dr McDougall advised that his clinic letter contains a factual account of Mr Conway's description of his estimated alcohol intake and noted that his intake had been heavier in the past. Dr McDougall explained that he didn't make any judgement in his letter or use the term alcoholic. He explained that it was normal practice to check alcohol history for all patients. Dr McDougall advised that he added Mr Seamus Conway to the waiting list for Hepatitis c treatment and requested an ultrasound and Fibroscan to check for evidence of Cirrhosis.

### **Reasons for my decision**

This decision has been reached based on information received during the course of this Provisional Enquiry and is not a finding of fact. I have carefully considered all of this information, including Dr McDougall's comments and the response we received from Belfast Health and Social Care Trust.

I acknowledge that Ms McLaughlin has a range of concerns regarding the care provided to her family over a number of years at Belfast Health and Social Care Trust and this decision is in no way intended to undermine those concerns. The GMC is committed to following the proceedings of the Infected Blood Inquiry and monitoring their conclusions to ensure appropriate action is taken.

This provisional enquiry has considered the concerns raised about Dr McDougall by Ms McLaughlin. I do not consider there is any evidence to support the assertion that Dr McDougall ignored blood test results which indicated cirrhosis. This assertion does not appear to relate to a specific patient, however the information provided indicates that Dr McDougall did arrange investigations to check for cirrhosis where indicated. Dr McDougall has provided documentary evidence which shows that he was involved in the treatment of hepatitis C and arranged scans and follow up scans. The response from Belfast Health and Social Care Trust documents that Mr Eddie Conway had not attended some consultations and efforts had been made to encourage his attendance at clinics. I note that a referral was made to Altnagelvin Hospital for radiological follow-up in line with the patient's wishes. There is no suggestion that this was misleading, and the referral did not advise that no scans were to be undertaken. There is no information which suggests that Dr McDougall inappropriately discharged Mr Conway.

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Therefore, I have not seen anything that could potentially call Dr McDougall's fitness to practise into question. I see no indication that Dr McDougall has demonstrated a reckless disregard for their clinical duties. In my opinion, the concerns raised about the doctor do not appear to raise a question as to whether the doctor's fitness to practise is impaired under one of the grounds listed in Section 35C(2) of the Medical Act 1983. Given that I have been unable to identify any issues that would need us to open a GMC investigation, it is my view that this Provisional Enquiry can be closed with no further action being taken.

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