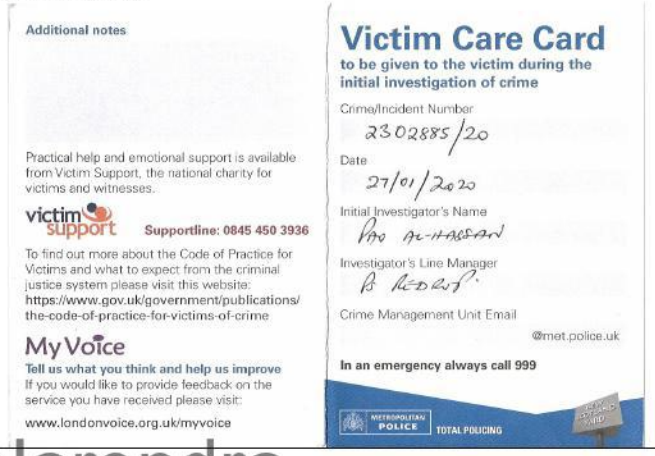
Narendra Jana

GMC Response March 25th 2020	My Response to the GMC Response
Dear Narendra Jena Thank you for your two recent emails. This one, dated 22 March 2020 appears to supersede the previous – I will ensure both are retained but will use this as the key correspondence. I was sorry to read that you don't agree with the decisions made by an Assistant Registrar (AR), an experienced decision-maker at the GMC with specific training in relation to our fitness to practise rules which we work within. They have carefully considered all the available information and decided there are no fitness to practise issues for either doctor you told us about. Once a decision has been made by the AR it cannot be updated or changed. But you can ask for a review. **Reviewing our decision** Rule 12 is part of our Fitness to Practise Rules and allows us to review certain decisions. There are two instances in which we will consider reviewing the decision. They are when we have reason to believe that:	Its not a glib statement of review "due to disagreement". Its a request for review due to a material flaw in a unsubstantiated response. The reviewer doesn't consider the information given to the GMC and questions the GMC's ability to analyze a complex but clearly apparent case. This is a heightened case because it stems from a criminal medical negligence case that lead to asylum in the UK due to malice in foreign nations with the object of physical harm and physical/intellectual disfigurement. Dr. Trip demonstrates the same intent in replicating the same situation. The GMC concern was raised due to a police report filed against the two clinicians:  Additional notes Practical help and emotional support is available from Victim Support, the national charity for victims and witnesses. victim support Supportline: 0845 450 3936 To find out more about the Code of Practice for Victims and what to expect from the criminal justice system please visit this website: https://www.gov.uk/government/publications/the-code-of-practice-for-victims-of-crime My Voice Tell us what you think and help us improve If you would like to provide feedback on the service you have received please visit: www.londonvoice.org.uk/myvoice Victim Care Card to be given to the victim during the initial investigation of crime Crime/Incident Number 2302885/20 Date 27/01/2020 Initial Investigator's Name Rao Al-Hassan Investigator's Line Manager B Reddy Crime Management Unit Email @met.police.uk In an emergency always call 999 METROPOLITAN POLICE TOTAL POLICING

• the decision may be materially flawed, and/or • there is new information which may have led to a different decision. We're not able to review a decision solely because you disagree with it. Even if one or both of these grounds are met, it must also be in the public interest and/or necessary for the protection of the public. As a result, the threshold for a review is relatively high. I have attached a FAQ factsheet which provides more detail on the process. If you'd like to request a review, you should put this in writing to me and I will pass it to the relevant team. You've already provided a good deal of information. If you wish to add any further, please pass it on at the same time as you request the review. I have attached a word document that you may find useful to collate your thoughts. I have passed your request to our Information Access Team for details of the caseworker and anyone else consulted. You would usually hear from them within a short time, however, due to the Covid 19 pandemic there are delays. I can assure you the request has been passed on and will be dealt with. I hope you find this information helpful. If you have any queries please contact us via email. As per my Information	The GMC response lacks substantiation in response so much so that one would question if the reviewer reviewed or looked at any of the data. If there is a response by the GMC at the very least it should be a substantiated response according to the data given to the GMC but the response tries to skit responsibility, which further implicates the physicians and the GMC. The Rule 12 questionnaire is attached and the document “Reply to GMC Response-E1-2621276254-Narendra Jana.pdf” demonstrates the material flaw. There is some new information but it mainly clarifies older points and negates the initial GMC response while giving the reviewer more depth to review this case. **Figures 1 to 7** and **“Statement by Statement negation of the letter from Claire Harrison and Trish Turner-E1-2621276254-Narendra Jana.pdf”** are the additional evidence documents to clarify this case. It’s a detailed negation with additive evidence. For the GMC statement “it must also be in the public interest and/or necessary for the protection of the public” the GMC would have to qualify in clear statement what the “public interest and/or necessary for the protection of the public” is. A truthful analysis and response by the GMC for a clear case of medical mis typification wouldn’t be against “public interest and/or necessary for the protection of the public” and wouldn’t harm the public at large. It may support private interests in a public setting but not the public at large. Its a deluded statement by the GMC. If the GMC tries to ignore clear falsified

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Access colleagues, our office has also been affected by the recent Covid 19 pandemic. We will reply to your emails however this may take longer than usual. Yours sincerely, **Ian McCann** **Complaints and Correspondence Officer**	medical data while stating "public interest" it would have to state in clear written text what the public interest is. If the "public interest or protection of public interest" is with the object of perpetuating medical mis typification to physical harm to a patient and outside of law then its still a matter of law. It doesn't give permission to support clearly falsified data because of "public interest"; the medical data/the medical health of any patient in the NHS or any other place in the planet isn't public nor is it ever within public politics. Laws with respect to medical fraud or medical negligence weren't dictated to protect public interest but to protect patients from harm in situations of medical negligence or harm. Once again this is a heightened case because it shows intent in medical negligence stemming from a much larger criminal case. Dr. Trip, Dr. Catania, and UCLH in general replicate the same behavior as past instances of criminal malice and could easily be demonstrated as so. Additively, under law, a person in asylum from a situation of clear easy to define criminal malice in medical settings in foreign nations resulting in a need for asylum in this nation is restricted in being effected in a similar manner in this setting. Any indication of medication falsification or intent in perpetuating medical negligence is immediately called into question because it would constitute a "foul" in asylum law (which is illegal) thus this issue was raised with the GMC.

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	Making statements like this further implicates the GMC because the GMC exists to protect patients in medical settings by monitoring the behaviors of physicians. The documents for request to review are filled out and attached to reply.

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