

POINTS TO CONSIDER

1. Preparations for the posting to Iraq were inadequate:

See Derek's witness statement for the Public Inquiry, and that of Dr Willman and Maj Griffiths who were the Senior Medical Officers (SMO) during his time in Iraq.

For Derek Keilloh's witness statement go to:

http://www.bahamousainquiry.org/linkedfiles/baha_mousa/baha_mousa_inquiry_evidence/evidence_231109/bmi00484.pdf

2. Baha Mousa's death and the surrounding circumstances amounted to a "watershed case" in terms of military attitude and conduct. Following Dr Keilloh's FTP hearing, the issue of the treatment of detainees in general and the awareness of the risk of ill treatment of detainees by British soldiers charged with guarding them has been given a much higher level of priority. The need for change was a feature of the Baha Mousa Public Inquiry Report.

3. The Baha Mousa Public Inquiry Report (Volume 1, Part 2, Chapter 21) and the FTP hearing report (Page 66, 67, 70 and 73) acknowledged that Dr Keilloh was failed by the British Army in regard to their responsibilities to him. <http://www.bahamousainquiry.org/report/>

4. In respect of the two other cases brought to the attention of the FTP, he has always admitted a level of shortcoming and adequately explained the circumstances. It has been said by a respected former GP, who before his retirement worked in the BMA and GMC, that Derek's shortcomings amounted to no more than any junior doctor might have been guilty of even in 'normal' circumstances (normal being fully equipped, staffed and with senior support in the NHS Hospital setting)

5. At no time did the panel consider the body of psychological evidence surrounding decision-making and awareness under stressful situations. (Inattentional Blindness http://www.scholarpedia.org/article/Inattentional_blindness) When he had returned from Iraq he had time to reflect and deal with the challenging experiences he had been involved with during his deployment, and was able to think about and question the treatment that Baha Mousa and the other detainees had received by the guards of 1QLR. He consulted with members of 1QLR and was able to gain further insight into the behaviour of the Battalion. He had expected that the prisoners would be safe in British Army hands, and therefore he did not expect that the Geneva Convention would be contravened. What he did not look for he did not see. On his return to this country he said 'I have been naïve'.

6. At first Dr Keilloh did not know the cause of the death of Baha Mousa – cardiopulmonary arrest from unknown causes. Sudden death needed forensic examination. He came to realise that the 24hr check (inherited from the previous MO) on the prisoners might not be frequent enough to ensure that they were in good health. Subsequently he set up a new regime of checking them every two hours. Later this was interpreted to mean that he did know that Baha Mousa had been beaten to death.

7. From the GMC website: *'The purpose of the General Medical Council (GMC) is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine'.*

'The GMC is currently consulting on proposed changes to the rules which govern how cases are heard by fitness to practise panels. The aim of the changes is to make the hearing procedure

shorter, reducing the stress for all involved. The consultation will run from 14 May 2012 to 06 August 2012.'

Derek's hearing started in June 2012 and continued until December 2012 – during the consultation process and before the conclusion.

8. Dr Keilloh had to decide whether to appeal within 28 days of the decision. Two weeks were taken up with Christmas and New Year. He no longer had a salary or support from his indemnity provider and had a family to consider, mortgage etc. There was no new evidence so he could not appeal against the judgement, he could only appeal against the sanction. If he did that it would be tantamount to admitting that the judgement was correct.

9. In the course of Dr Keilloh's GP practice he has demonstrated and exercised his probity, using his clinical judgement and courage in reporting child protection cases and safeguarding concerns to the Care Quality Commission, (FTP hearing report, Page 23).

It is of note that the FTP panel made positive comments on Dr Keilloh in their report:

- *"...a man of good character..."* (Page 11)
- *"... the panel has reminded itself that you are a man of positively good character. The panel has taken into account the evidence as to your character that it heard and read. In particular, the evidence that, when placed in a difficult situation, you have appropriately reported safeguarding concerns to the necessary authorities."* (Page 23)
- *"...it is to your credit that within two days of these events you...designed and implemented a proper system for the assessment and safeguarding of detainees."* (Page 75)
- *"It is clear to the Panel that you are a highly respected and dedicated doctor with excellent clinical skills who is trusted and respected by colleagues and patients alike."* (Page 75)
- *"The panel has taken account of the large volume of testimonials provide...in all other areas of your professional and personal life, you are regarded as an honest, decent man of integrity."* (Page 76)
- *"...the Panel has taken account of your undoubted professional expertise, the respect in which you are held, your popularity with your patients...a skilled doctor such as yourself..."* (Page 78)
- *"...that you do not present a risk to patients..."* (Page 78)
- *"The panel is satisfied that you do not pose a risk to patients. It has a large amount of information before it that you are an excellent doctor."* (Page 79)