

- **Letter from Dr Veronikis to Cabinet Secretary Jeane Freeman dated 8 April 2019.**

Vaginal Surgery and Urogynecology, LLC

Dionysios K. Veronikis, M.D.
Urogynecology
Reconstructive Pelvic Surgery
Advanced Gynecologic Surgery

8 April, 2019

Dear Cabinet Secretary Freeman,

I hope this letter finds you well.

I am aware of the March senate debate on my extended offer and willingness to help mesh injured women in Scotland.

As you have acknowledged, I noted in your statement, that you had not yet been contacted directly. I apologize as I did not think to reach out to you directly.

It was my understanding that Mr. Findlay MSP had communicated the requirement for an invitation to Scotland on the basis of the GMC approved Eminent Visiting Surgeon pathway.

Today, I would like to confirm in principle my willingness to come to Scotland and to help the mesh injured patients. My focus is to help address the backlog of women waiting in the public health system for surgical treatment. I am experienced in the most complex presentations of mesh injury.

I would welcome an invitation from the Scottish government and its clinical community as the first step necessary to engage in the GMC process.

I thank you for your willingness to engage further and I am happy to arrange a telephone call at a mutually convenient time.

Yours sincerely

[REDACTED]

Dionysios K. Veronikis, MD, FACOG, FACS

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- **Letter from Cabinet Secretary Jeane Freeman to Dr Veronikis in response to his letter dated 8 April 2019.**



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Cabinet Secretary for Health and Sport

Jeane Freeman MSP

Dr Dionysios Veronikis

[REDACTED]

April 2019

Thank you for your letter of 8 April concerning transvaginal mesh removal. Both the Chief Medical Officer and I are extremely grateful to you for your kind offer of coming to Scotland to work with clinicians responsible for our mesh complication services.

It may be helpful if I firstly explain that regional NHS Health Boards are ultimately responsible for the provision of healthcare services in Scotland, and are therefore directly responsible for the recruitment and training of their staff. As such, following the debate in the Scottish Parliament, I requested that a short-time working group, including Health Board Accountable Officers (or nominated Deputies) and other key individuals, be established in order to examine the needs of patients and the course of care provided for those who suffer complications following vaginal mesh surgery.

The group will consider what additional steps are required in order to ensure choice is available for women who want – and are clinically suitable for – removal of mesh. The group will also review and identify areas of best practice in the United Kingdom and beyond, and if these are not already available, consider how these can be provided in Scotland. In doing this, the group will:

- consider the physical and psychological needs of women who experience complications following vaginal mesh surgery;
- consider sharing experience, techniques and learning with colleagues in Europe, the USA and elsewhere. For this to be successful it is important that surgeons and clinical teams engage with counterparts of proven merit and who are regarded by the professionals as leaders and innovators in their field;
- review the course and organisation of care for patients suffering complications in Scotland with a broader UK perspective;
- examine the complex education and training requirements we must have to ensure a sustainable and resilient high quality service; and
- identify the resource requirements to provide the service our patients need.

Given the foregoing I would hope that you will understand that, although I am most grateful for your offer, it would not be appropriate that I discuss it with you directly. However, I have ensured that the short-time working group are aware of your offer, and I give my assurance that it will be borne in mind by the group as it considers training needs and the sharing of experience and techniques with colleagues in the wider clinical community.

Many thanks, once again, for contacting me.

[REDACTED]

Jeane Freeman

- **Email to Dr Veronikis dated 4 July 2019 about GMC registration.**

GMC registration

To: Dionysios Veronikis [REDACTED]

Cc: cmo@scotland.gsi.gov.uk;

04/07/2019 18:20.

Dear Dr Veronikis,

Further to our helpful and most constructive conversation earlier this afternoon, I include information (below) from our GMC regarding registration. As I think we agreed, it is probably not appropriate to submit an application at present but it would be sensible to look at the requirements and for you to prepare your documents. Please let me know if any aspects require clarification. As previously noted, evidence of employment and royal college support will need some thought and further discussion is awaited.

I hope this helpful.

[REDACTED]

- **Letter from Dr Veronikis to the Chair of the Short Life Working Group on Mesh Complications dated 21 August 2019.**

Vaginal Surgery and Urogynecology, LLC.

Dionysios K. Veronikis, M.D. *Urogynecology*
Reconstructive Pelvic Surgery
Advanced Gynecologic Surgery

[REDACTED]

Chair Short-Life Working Group

Consultant Surgeon and Senior Medical Officer, Scottish Government

August 21, 2019

Dear [REDACTED],

Just before I leave the USA for my Europe trip, a quick recap of our progress since the 18 of June 2019.

1. Scottish Clinicians Visit to Mercy Hospital St Louis

We have had a series of calls and emails. The Scottish mesh clinicians, [REDACTED] and [REDACTED] as well as [REDACTED] and [REDACTED] participated and we discussed their visit to St. Louis.

The Scottish mesh clinicians declined an early visit in July. You explained that the main reason was that [REDACTED] had yet to declare that she wanted to be part of this exchange. Your suggestion was to allow you to discuss with them further and allow the clinicians to decide their participation when they returned from their summer vacations. This was then to be followed by a visit to my unit and then a visit by myself to Scotland, in that order.

In July 2019 you contacted me. As you had said it was a matter of urgency that the Scottish clinicians needed to visit the USA before September. Several July dates were considered with possibly others traveling to St. Louis besides yourself and finally 26-28 of August 2019 was chosen as a date that worked for yourself, [REDACTED] and [REDACTED]. I agreed and had [REDACTED] sent the Mercy Hospital operating room observation forms for yourself and Drs. [REDACTED] and [REDACTED].

On Friday, 16 of August 2019 you texted stating “that for circumstances that were unforeseen earlier, it will now not be possible for colleagues to visit St. Louis, but colleagues do still intend to visit...” I was surprised by the cancellation. As we discussed in June and then in July, the originally proposed initial visit by yourself and the clinicians did not happen.

As the USA visit formed a precondition to my visit to Scotland, this continued delay has prevented me from availing of the opportunity to visit Scotland after the ICS 2019 conference in Gothenburg. I made you aware that I would be in Europe and the UK in September.

I trust you would agree with me that I have been more than accommodating to talk, email and text as well accommodated all requested visit dates with you. I have gladly participated in all the scheduled conference calls as requested in this matter. I would hope that if any accountability is asked for the lack of progress to date that none of it is remotely directed towards me in any way, shape or form.

2. GMC process

As you stated in our discussion that starting the GMC process before the visits was “putting the cart before the horse and as stated in you 4th July email that it is not appropriate to submit the application...”.

The GMC process from my end has been completed for some time. My credentials are accredited on the EPIC system which includes the facility for the GMC to be sent all my documents electronically by the push of a button. (<https://www.ecfmgepic.org/instructions-gmc.html>).

Letters of Standing/Letter of Introduction from the USA which accompany the completed application will of course be provided and I have communicated this to my Chairman. The nature of such letters is that the date of issue must be relevant to the date of the submission of the application.

I hope you agree that there is nothing more that I can do to facilitate the GMC process at this point. It is for the Scottish healthcare authorities to progress the issue of a formal invitation which is needed to complete the GMC pathway.

I hope you find this helpful.

Sincerely,

[REDACTED]

Dionysios K. Veronikis, MD, FACOG, FACS

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- **Letter from the Chair of the Short Life Working Group on Mesh Complications dated 6 September 2019.**



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Dr Veronikis

Emailed to: [\[REDACTED\]](#)

6 September 2019

Dear Dr. Veronikis,

Thank you for your letter dated 21st August 2019.

Firstly, I must apologise again that the proposed visit by Scottish surgeons to meet with you in St Louis during the week of 26th August 2019 could not take place. This occurred as a result of complex surgical cases that could not be re-scheduled. However, colleagues do still intend to visit you in your hospital, and for all the same reasons as previously discussed. On that basis I have asked that colleagues propose alternative dates to me as soon as possible, and I do hope that you remain agreeable to a visit taking place.

Thank you for your comments in relation to your application for registration to practice in the United Kingdom. This is regulated by the General Medical Council and guidance relating to the necessary requirements has been shared with you. I note that you have made considerable progress with this, and I very much appreciate your efforts, however, an application cannot proceed without all criteria being fulfilled. As

you are aware, one requirement is that there must be evidence of employment in the United Kingdom, completed by the medical director of the employing authority or institution. The process we have been engaged in, including the proposed visit by Scottish surgeons, is directed at achieving this.

Finally, I want to stress that I am very grateful to you for the consideration you have shown at all times and for the generous manner in which you have engaged with myself and colleagues. You have been nothing less than accommodating and I thank you for this. As I mentioned earlier, I will be in contact again as soon as I can in order to propose alternative dates for our clinicians to visit you in the US, and I am grateful to you for your patience. I trust this is helpful but in the meantime, please do not hesitate to contact me if I can assist further.

With kind regards.

Yours sincerely,
[REDACTED]

St Andrew's House, Regent Road, Edinburgh EH1 3DG



www.scotland.gov.uk



- **Email from the Chair of the Short Life Working Group on Mesh Complications dated 25 September 2019.**

From: [REDACTED] <[REDACTED]@nhs.net>

Sent: 25 September 2019 18:20

To: D. Veronikis, MD <[REDACTED]>

Cc: Calderwood C (Catherine) <[REDACTED]>; Smith G (Gregor) <[REDACTED]>

Subject: Proposed visit by Scottish clinicians

Dear Dr. Veronikis,

I hope you are well and that you enjoyed your recent trip to Europe. I have also just taken a period of leave and on my return I am keen to make progress with a visit by Scottish clinicians to you and your hospital in St. Louis.

I appreciate contact with you was made by [REDACTED] and I am grateful to her for her assistance during my absence. To avoid misunderstanding however, and to confirm what I think we agreed previously, the purpose of the visit is to establish professional relationships, to observe therapeutic strategy and operative technique, and also to gain a broader perspective of the nature and process of care delivery in a centre specialising in the management of mesh complications. Any subsequent introduction of techniques here in Scotland will require appropriate mentoring, a process well recognised in Surgery in the United Kingdom.

Colleagues are eager to gain as much as they can from time in USA and they would like to combine a visit to you with a similar visit to [REDACTED]. With regard to time-scale, a visit during the first two weeks in November is proposed, provided you are agreeable. If you are, then dates can be confirmed and firm travel arrangements can be made.

I hope you will find this proposal acceptable and I look forward to hearing from you.

With best wishes,

[REDACTED]

- **A letter from Dr Veronikis to Cabinet Secretary Jeane Freeman dated 29 September 2019.**

Vaginal Surgery and Urogynecology, LLC.

Dionysios K. Veronikis, M.D.

Urogynecology

Reconstructive Pelvic Surgery

Advanced Gynecologic Surgery

Dear Cabinet Secretary Freeman,

I trust you are well and that the fall in Scotland this time of the year is pleasant.

After significant thought and reflection on the events of the past three months, I regret to inform you that I am withdrawing from the current dialogue/process.

Effective 29 September 2019, I must rescind my offer to come to Scotland.

Yours sincerely,

Dionysios K Veronikis, MD, FACOG, FACS

29 September 2019

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- Letter of 1 October 2019 from Cabinet Secretary Jeane Freeman to Dr Veronikis, in response to his letter of 29 September 2019.

Cabinet Secretary for Health and Sport
Jeane Freeman MSP



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Dr Dionysios K Veronikis MD

By Email.

1st
October 2019

Thank you for your letter of 29 September, advising me that you are withdrawing your offer of coming to Scotland. I remain very grateful to you for your offer, for the considerable effort you have made and the time spent in taking matters forward in the period since you initially contacted us.

As you know, Scottish clinicians planned to initially visit you in the US, and I know that the delay in confirming the details of that visit was frustrating. I fully understand that and, indeed, share that frustration. Clinical pressures have made it very difficult to align diaries to settle on a mutually convenient date and I am sorry that this has led you to a view that you can no longer assist us.

Scottish clinicians of course, remain committed to sharing learning and experience with expert colleagues across the world and, as such, their plans to visit the US in November continue unchanged. In those circumstances, and whilst I completely appreciate your position, should your schedule allow you to reconsider then Scottish clinicians remain eager to meet with you briefly during their visit, and I would be very grateful if that was possible.

With all of that in mind, I hope you will find yourself able to reconsider your position and I hope that the Chief Medical Officer for Scotland and I have the opportunity to meet you in the near future.

I look forward to hearing from you.

JEANE FREEMAN

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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- **Email from former Chief Medical Officer Dr Catherine Calderwood to Dr Veronikis dated 9 December 2019.**

On Dec 9, 2019, at 2:57 AM, [REDACTED] wrote:

Dr Veronikis

[REDACTED], [REDACTED] and colleagues have worked hard on a proposed reciprocal visit to Scotland next spring.

We are conscious of your time and that there are others in the UK who would like to be involved.

We propose a one day multidisciplinary Glasgow mesh centre symposium to which we would invite others from mesh centres across the UK - NHS England should have announced the commissioned mesh removal centres by then- and co badged by Scottish Government, BSUG and BAUS. Followed by a clinical visit.

- Monday: UK Mesh centre symposium
- Tuesday: All day theatre list
- Wednesday: Am - Mesh MDT PM: - Urogyn MDT / case discussions
- Thursday: All day theatre list

Proposed date options are weeks of:

- 24th Feb
- 2nd March (Monday - Thursday)
- 9th March

Thoughts re the symposium so far are:

invited speaker on a topic

followed by group discussion of all present on the topic

We would invite colleagues from the UK mesh centres and AHPs, who are working in this field

We would look at current topics which are likely to include:

- discussion total vs partial removal
- laparoscopic removal vs open
- imaging
- training Guidelines / standards
- management recurrent SUI/POP / pain

I hope that we can make this happen. Happy to hear your thoughts on a suitable week for you to visit and on the symposium which would be a very positive opportunity for Scotland.

With kind regards

Catherine

- **Email from Dr Veronikis to former Chief Medical Officer Dr Catherine Calderwood dated 10 December 2019.**

From: D. Veronikis, MD <[REDACTED]>
Sent: 10 December 2019 16:05
To: Calderwood C (Catherine) <[REDACTED]>

Subject: Re: Visit to Scotland

Hello Catherine,

I hope you and all are well and warm. :-))

I read the email with the new proposed reciprocal visit. This is different from what we discussed in St. Louis and I don't understand my role in the symposium or whether I would be operating in the OR theater.

I would like to know how this "symposium reciprocal visit" evolved, who proposed it, why the UK is involved etc. I asked some of these questions in the last email.

From our discussions in St. Louis I understood you would move forward with the GMC registration and a NHS contract and work on the details in order to operate on and help the women injured by mesh in Scotland.

As you mention, conscious of my time, I would like clarification of the specific details of your goals for Scotland of my participation and surgical care of the mesh injured women of Scotland during the 26 weeks permitted by the GMC.

Best regards.

DK Veronikis, MD, FACOG, FACS

Vaginal Surgery & Urogynecology

Director Female Pelvic Medicine & Reconstructive Surgery

- **Email from former Chief Medical Officer Dr Catherine Calderwood to Dr Veronikis dated 12 December 2019.**

From: Calderwood C (Catherine)
Sent: 12 December 2019 17:46
To: D. Veronikis, MD <[REDACTED]>
Cc: Chief Medical Officer <CMO@gov.scot>
Subject: RE: Visit to Scotland

Dr Veronikis

Many thanks for getting in touch.

With regard to the symposium it has come about at my suggestion due to speaking to a number of people across the UK who are very keen to discuss and learn from others (your name was specifically mentioned) who are working in the field of mesh complications.

The details and your participation (if you are willing) can be discussed but some learning specifically from you – perhaps discussing one of your videos as you did in St Louis with us- or taking part in a discussion about for example full vs partial removal, again as we did in St Louis, would be some suggestions. I felt that it was an excellent opportunity to make very good use of your time as I know that other UK colleagues are keen to learn from each other and from your experience. I am very happy to discuss this further and what your role (if any) would be.

I have done further work on the contract and on the GMC registration so this is progressing.

I was very keen to get proposed dates to you as I am conscious of your own theatre bookings, hence the email earlier this week with some initial date options. We would then propose a further visit or visits after this first one if you are agreeable.

Might I suggest that we get together in a call next week along with [REDACTED] and [REDACTED] and the clinical director from Glasgow [REDACTED] so that we can discuss these visits in more detail. I am keen that as you state we are all clear on the specific goals of your proposed visits to Scotland and for you to be happy with this.

[REDACTED] will find a time for a call – perhaps 0700 your time is best again but please let me know.

I look forward to speaking to you again.

With kind regards

Catherine

- **Email from former Chief Medical Officer Dr Catherine Calderwood to Dr Veronikis dated 20 January 2020.**

From: Calderwood C (Catherine)
Sent: 20 January 2020 16:14
To: D. Veronikis, MD <[REDACTED]>
Cc: Chief Medical Officer <CMO@gov.scot>
Subject: Follow up

Dr Veronikis

I hope you have had some time off over the festive period. May I wish you a Happy New Year!

I am writing to follow up on my email of 12th December.

I am happy to set up another telephone conversation if this would help.

With kind regards

Catherine

- **A letter from Dr Veronikis to former Chief Medical Officer Dr Catherine Calderwood received 9 February 2020.**

Vaginal Surgery and Urogynecology, LLC.

Dionysios K. Veronikis, M.D. *Urogynecology*
Reconstructive Pelvic Surgery
Advanced Gynecologic Surgery

Dear Catherine,

I hope all is well with you and your family.

Thank you for our call on Monday February 3, 2020 at 07:00 AM CST. A brief recap of our last phone conversation.

3. Symposium

We agreed that this idea had not been discussed previously with me. My view is that my presence in Europe and London in September 2019 was not utilized by Scotland nor in London as intended by IMMDS. You have indicated that you understood and recognize my heavy operating schedule in the USA; caring for local, national and international patients does not permit for another trip of this nature.

4. Visit

You explained the reasoning behind an 'initial visit' for the first time to me on November 7th and 8th of 2019. Since then, I have patiently awaited progress and intentionally did not communicate with anyone and declined all media contacts to allow you to move forward unencumbered and to proceed as we discussed during your visit.

5. GMC approval and Employment Contract

We agreed when you were in the USA that you would work on the GMC and you mentioned that it could be achieved as quickly as 1 month.

Now, during our most recent phone call, you stated that there has been no progression on this matter and it requires a contract to initiate the application and that you do not know what that contract should include as you do not know if it will be for 40 or 400 women that will present requesting my surgical care.

As I mentioned, no one has contacted me to fill out any GMC paperwork and I restated, again, that my credentials are complete in the EPIC-ECFMG system.

You stated that recommendation letters and an employment contract are mandatory prerequisites to the GMC application and approval.

You suggested that the delay is due to you being unable to quantify the total number of operations I will perform in Scotland, and therefore you cannot issue an employment contract. Further, you advanced the Symposium event as a needed networking opportunity that I should use to canvass other surgeons to write letters of recommendations to the GMC.

My considered response is as follows:

6. Symposium

As we discussed, I have declined to participate in the Symposium, as this was not part of our discussion in November 2019 when you were in the USA.

You yourself are the Chief Medical Officer of Scotland and a Fellow of two Royal Colleges, RCOG and RCPE. Dr. [REDACTED] is also a Fellow of the RCOG. I was under the impression that the Scottish surgeons would clearly be the ones writing the recommendation letters.

7. Visit

I am willing to agree in principle to an initial visit to view the facilities, discuss instrumentation, observe mesh removal operations by your surgeons, start reviewing patient files and organizing consults.

For example, I can arrive in Glasgow on a Sunday and leave on a Wednesday. Honestly, I simply need an operating room, a surgical team (anaesthesiologist, surgical scrub, circulator, one assistant), my instruments (which I do not want to transport across continents – as discussed) and the patient.

8. Pre-Condition to Visit – Issue of Employment Contract and GMC Approval

As you admitted that no progress on this issue has been made for over a year now, I have serious concerns that the mesh injured women are being misled and given false hope and that I am wasting my time.

It is difficult for me to ignore the mismatch in communications.

I am assured that my visit is supported by the Chief Medical Officer of Scotland, yet no progress has been made as regards the Visiting Eminent Specialists paperwork, a crucial element in the process.

This continued delay is not anything I can address and can be remedied only by Scotland. The First Minister of Scotland personally asked me to come to Scotland to help the mesh injured women. The First Minister has told the mesh women I would be there in the spring of 2020. I hosted the Scottish delegation in a timely fashion as requested on the dates that were requested.

I am engaged in a very long preamble and losing faith in the process. I do not understand why the Chief Medical Officer of Scotland and a Fellow of two Royal Colleges cannot provide the missing elements in the regulatory requirements, namely support by a medical Royal College in the UK for my GMC application and an employment contract which confirms the necessary employer indemnity insurance.

For that reason, I am respectfully setting the pre-condition that the GMC approval process must be completed, and an employment contract issued to me, before I engage in any further discussions on the reciprocal initial visit.

The employing healthcare authority can identify the volume of patients to receive surgeries in any given visit. It is reasonable for me to come to operate on a given cohort of patients. I can subsequently return to operate on the next cohort and have follow up aftercare consultations with the first cohort of patients.

Thus, I do not understand nor accept the uncertainty of the final number of patients to be an adequate explanation of further delay.

We have discussed on several occasions my scheduling modalities. This frequency and duration of this suggested model of visits is a matter of the employing health board to propose in its employment contract.

Summary

My initial offer was to provide my surgical expertise and the mesh removal surgeries needed on the mesh injured women of Scotland that was and remains my focus.

Respectfully, I do not accept the uncertainty of the final number of patients to be an adequate explanation of further delay.

The Scottish government announced to the mesh women that I will arrive in the spring of 2020. I would now expect a concerted effort from your side to ensure all the details be finalized and my employment contract is issued and the GMC approval process completed.

My surgical practice fills six weeks in advance and international patients schedule months in advance. As you can appreciate, I cannot be out of the country without very careful planning.

Finally, in the last 90 days, I have voluntarily avoided everyone who has asked for progress updates. In the interests of transparency and accountability, both to the Scottish government and most importantly to the mesh injured women, I will also inform Neil Findlay MSP accordingly.

Best regards,

[REDACTED]

Dionysios K. Veronikis, MD FACOG, FACS

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- **Letter to Dr Veronikis from former Chief Medical Officer sent on the 24 February 2020.**

Directorate for Chief Medical Officer and Chief Scientist Office

Catherine Calderwood MA Cantab. MBChB FRCOG FRCP Edin, FRCP



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Dr Dionysios K. Veronikis, MD FACOG, FACS

Emailed to: [\[REDACTED\]](#)

24 February 2020

Dear Dr Veronikis,

I found our recent telephone conversation very useful. Scottish Government and I remain absolutely committed to bringing you to Scotland.

We discussed some of the safety and practical aspects of your visit and I explained the regulatory process, which are outwith the control of the Scottish Government, which the General Medical Council oversees and the various requirements needed for a temporary licence to practice in the UK. This process is our standard approach for any visiting clinician who will practice in NHS Scotland.

As we discussed this requires a contract of employment and it became clear during our conversation that this will need significant detailed discussion regarding your time availability, requirements for theatre – including bespoke instruments which would need to be ordered or brought with you, your increased understanding of our pre and post operative processes, including the use of a multi-disciplinary team and our consent processes.

You also require sponsorship by a Royal College and we discussed that I have had several conversations with the Royal College of Obstetricians and Gynaecologists regarding this and their process for agreeing to sponsorship. I agreed to arrange for key professionals to meet you during your visit if this is practically possible.

I noted your statement that [REDACTED], but it is clear there are a number of mesh-injured women in Scotland who would very much welcome you coming here.

You agreed that it would not be professional, safe or realistic to come to Scotland and during the same visit to see and operate on women in an unfamiliar environment having only had the opportunity to discuss all of these details remotely. I am pleased to convey that NHS Scotland would be able to offer you a contract of employment, subject to the detailed deliberations and agreement on processes and working within our NHS Scotland environment we previously discussed and outlined above.

You agreed to a 2/3 day observational visit in April or May, which I think would allow more than sufficient time to conclude the necessary discussions outlined to be concluded. I eagerly await your confirmation of the dates that will suit you and we will make arrangements to accommodate your availability.

Kind regards.

Yours sincerely,

[REDACTED]

Catherine Calderwood

Chief Medical Officer

St Andrew's House, Regent Road, Edinburgh EH1 3DG

www.scotland.gov.uk



No response received.

- **Letter to Dr Veronikis from former Chief Medical Officer sent on the 27 February 2020.**

Directorate for Chief Medical Officer and Chief Scientist Office



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Catherine Calderwood MA Cantab. FRCOG Hon FRCP Edin, FRCP (Glas), FRCS (Ed), HonFFPH
Chief Medical Officer

T: [REDACTED]
E: cmo@gov.scot

Dr Dionysios K. Veronikis, MD FACOG, FACS

Emailed to: [\[REDACTED\]](#)

27 February 2020

Dear Dr Veronikis

I hope you have had time to consider my letter of 24 February 2020 and I am writing now to ask if you are in a position to confirm your preferred dates for your visit to Scotland this spring. I have already asked colleagues to make provisional plans for your visit as an observer in May which was the preferred time you indicated in our telephone call on 03 February 2020.

Colleagues in NHS Greater Glasgow and Clyde (NHS GGC) are in the process of developing a detailed itinerary for your visit and will adjust this subject to your confirmed availability. You did indicate that you favoured a Monday/Tuesday visit however, NHS GGC have indicated that a Tuesday/ Wednesday or Wednesday/Thursday would be preferable due to the existing departmental schedule. We will of course do our best accommodate your needs. The range of activities planned includes: attending theatres and Multi Disciplinary Team (MDT) meetings, observing ward activity, outpatients and governance meetings. You did indicate that

you did not want to participate in a symposium or similar educational events and I have advised colleagues accordingly. The draft itinerary is attached.

As referred to in my letter of 24 February, there are NHS Scotland processes and standards for visiting clinicians that must be adhered to. I have arranged for the NHS Scotland

International Recruitment Service, who are the NHS Scotland specialised service, to provide you with all of the assistance and support that you will need. My colleague [REDACTED], International Recruitment Manager, NHS Scotland, email [\[REDACTED\]](#) will be supporting you with this and will contact you directly to start the necessary application process with you.

I look forward to hearing from you.

Kind regards.

Yours sincerely,

[REDACTED]

Catherine Calderwood
Chief Medical Officer

9. Proposed Visit Schedule for Dr Veronikis

The following are two Templates for the proposed visit of Dr Veronikis to the West of Scotland Tertiary Urogynaecology service located in Queen Elizabeth University Hospital, Glasgow. The Health Board responsible for the service is Greater Glasgow and Clyde (GGC).

GGC will be responsible for the issuing of an Honorary Contract for visiting Clinical Observers. This is a simple process providing the relevant documentation is provided in a timely manner and does not require permission or sponsorship, respectively, from the GMC or RCOG.

The Templates offered follow the pattern that previous Visitors to our services have found useful. However they are amenable to change if particular aspects are of interest. It is understandable that for any visit to be rewarding both the Visitor and the Facilitators have to ensure that the Visit can accommodate travel arrangements, avoid tiredness, facilitate natural breaks and meals, etc.

We will provide any information before the visit that facilitates the optimal use of the limited time available.

The NHS Urogynaecology service is multi-disciplinary and the Programme takes into account that Multi-disciplinary meetings engage a large number of individuals that have this as Fixed points in their Job Plans. These are therefore “fixed points” in the week and could not be moved without potentially compromising the usual conduct and membership of these events.

Along similar lines, the Theatre lists are again multi-disciplinary and we would wish these to be preserved at points of time that are pre-determined simply because changing days / participants does not show “normal” practise.

Given the purpose of the visit is a reciprocal one and Dr Veronikis identified cases that demonstrated his techniques, we would seek to consent and admit patients with Mesh issues that we are managing. It may be possible for him to observe some other aspects of the UG service if he would find this to be useful: this might occur as a dynamic matter during the visit and will be facilitated as far as possible.

As the Medical systems in both countries are very different, we hope to be able to demonstrate these differences and explain the UK system. For example, our approach to consent and governance are embedded cultural processes within the NHS.

10. OPTION 1

Proposed *and preferred* plan for Visit (Preference is as this preserves all normal service arrangements)

	MORNING	AFTERNOON
Day 1 WEDNESDAY	Welcome and Introduction to unit and Senior staff members Orientation to NHS Short Communications to include: Medico-legal <ul style="list-style-type: none"> • NHS GGCHB Consent process • What we do and why (Montgomery) Patient Pathway Documentation Incident / database reporting Lunch	Mesh Multi-disciplinary Team Meeting (MDT) Our New Service Plans Pre-operative review of cases for theatre
Day 2 THURSDAY	In-patient Theatre List	In-patient Theatre List
Day 3 FRIDAY	In-patient Theatre List	Urogynaecology MDT Feedback Visit Ends

11. OPTION 2

Alternative plan for Visit (This requires reconfiguration, where possible, to regular service arrangements)

	MORNING	AFTERNOON
Day 1 MONDAY		Welcome and Introduction to unit and Senior staff members Orientation to NHS Short Communications to include: Medico-legal <ul style="list-style-type: none"> • NHS GGCHB Consent process • What we do and why

		(Montgomery) Patient Pathway Documentation Incident / database reporting Our New Service Plans Pre-operative review of cases for theatre
Day 2 TUESDAY	In-patient Theatre List	In-patient Theatre List
Day 3 WEDNESDAY	Colorectal / urogynaecology MDT Feedback Visit Ends	

Prepared by [REDACTED]
Chief of Medicine Women and Children GGCHB

No response received.

- **Email from the International Recruitment Team at NHS Greater Glasgow and Clyde dated 3 March 2020.**

[REDACTED]

Sent: 03 March 2020 11:58

[REDACTED]

Subject: NHS Scotland - clinical observership
Attachments: Clinical Observership form.docx

Dear Dr Veronikis,

It is a pleasure to write to you. I understand my colleague, Catherine Calderwood (Chief Medical Officer, NHS Scotland) has indicated that I will be liaising with you directly, in relation to the NHS Scotland processes and standards for visiting clinicians.

In my role as the International Recruitment Manager, I support all Health Boards within NHS Scotland, with a particular emphasis on international recruitment, selection and onboarding initiatives.

I work very closely with NHS Greater Glasgow and Clyde and understand there are ongoing discussions regarding the arrangement of a three-day clinical observership, based within the West of Scotland Tertiary Urogynaecology Service. This service is located within the [Queen Elizabeth University Hospital](#), Glasgow.

In order to adhere to the published standards, governed by NHS Greater Glasgow and Clyde, there is a requirement to complete a *Clinical Observership* form, and supply some additional documentation.

The attached form will need to be completed and returned, directly to myself, at your earliest convenience. To assist with the completion of the form, I have pre-populated some of the fields on your behalf. Please feel free to amend these accordingly, if necessary.

If the Clinical Observership results in subsequent employment, I will be your named contact to ensure adherence of the NHS Scotland Employment Checks policy. This will include registration with the [General Medical Council](#) and obtaining the relevant immigration visa.

If you require any additional information or clarification, please do not hesitate to contact me, where I will be happy to assist you.

I look forward to hearing from you.

Kind regards,

[REDACTED]

No response received.

- **Letter from Interim Chief Medical Officer Dr Gregor Smith to Dr Veronikis dated 24 April 2020.**

Chief Medical Officer and Deputy Chief Medical Officer
Chief Medical Officer Directorate



E: cmo@gov.scot

Dr Dionysios K. Veronikis, MD FACOG, FACS

Emailed to: [\[REDACTED\]](#)

24 April 2020

Dear Dr Veronikis

I hope that you and your family are well, particularly so during the challenging and unusual circumstances we find ourselves in.

I wanted to make you aware that Dr Calderwood recently left the Scottish Government, and therefore also wanted to take the opportunity to introduce myself as Interim Chief Medical Officer. Dr Calderwood was very grateful to you for your offer to visit Scotland, and for

the time you have taken in recent months to discuss it with her. I would also wish to pass on my thanks to you.

You will recall that Dr Calderwood wrote to you on both 24 and 27 February, in order to extend an invitation to visit Scotland and to suggest a potential itinerary. Given the situation in respect of COVID-19 it has, of course, proved impossible to arrange a springtime visit as we had hoped. Nonetheless, I wanted to stress that our invitation still stands, and we would very much look forward to welcoming you to Scotland once restrictions around COVID-19 allow, and once you feel comfortable and secure to travel. As such, I do look forward to hearing from you in respect of Dr Calderwood's letters once the present situation concerning COVID-19 abates. At that point I will be happy to ask colleagues within NHS Greater Glasgow and Clyde, whom I understand wrote to you in early March, to discuss matters with you further.

With very best wishes.

Yours sincerely

[REDACTED]

Dr Gregor Smith
Interim Chief Medical Officer

St Andrew's House, Regent Road, Edinburgh EH1 3DG

www.gov.scot



Accredited
Until 2020



- **Letter from Dr Veronikis to Interim Chief Medical Officer Dr Gregor Smith in response to letter of 24 April 2020.**

Vaginal Surgery and Urogynecology, LLC.

Dionysios K. Veronikis, M.D. *Urogynecology*
Reconstructive Pelvic Surgery
Advanced Gynecologic Surgery

Gregor Smith, MD

Interim Chief Medical Officer

Emailed to: cmo@gov.scot

Dear Dr. Smith,

I hope all is well with you and your family and the people of Scotland continue to stay safe from COVID-19.

Thank you for your letter dated April 24, 2020.

It has been a year since I received the initial email from [REDACTED]. As you may know, many discussions, emails and a hosted visit to my surgical unit have occurred. In actuality no progress has been made. We have not met nor talked, but please allow me to express my utter disappointment and frustration.

If Scotland would like me to come to Scotland, as a practicing registered physician of the General Medical Council (before I arrive in Scotland), for me to personally provide my surgical expertise to help the mesh injured women of Scotland, I am willing to have a discussion. A practicing physician structure has always been the offer to Scotland and not a visit for teaching and seminars.

My very best to you in your very important position for the women, children and men of Scotland.

Best regards,

[REDACTED]

Dionysios K. Veronikis, MD FACOG, FACS

Mercy Doctors' Building, Tower B, Suite 2002, 621 South New Ballas Road, St. Louis, Missouri 63141 Tel:
(314) 251-6753 Fax: (314) 251-4492 Exchange: (314) 868-7700

- **Letter from Interim Chief Medical Officer Dr Gregor Smith to Dr Veronikis dated 24 June 2020.**

Chief Medical Officer and Deputy Chief Medical Officer
Chief Medical Officer Directorate



E: cmo@gov.scot

Dr Dionysios K. Veronikis, MD FACOG, FACS

By email: [\[REDACTED\]](#)

24 June 2020

Dear Dr Veronikis

Thank you for your email of 5 June, in response to my letter of 24 April. I am sorry to learn of your frustration at how matters have progressed and I am disappointed to read in the Sunday Post that you have withdrawn your offer to come to Scotland.

We are committed to bringing you to Scotland and this has not changed.

In Dr Calderwood's letter of 27 February, a proposed 2-day itinerary for a reciprocal visit was provided for your consideration. To my knowledge, we have not had a response from

you on that. You have been clear that you do not wish to take part in a symposium or other educational events and this is reflected in the proposed itinerary.

When you spoke to Dr Catherine Calderwood in February, I understand that it was agreed that it would not in this instance be professional, safe or realistic for you to come to Scotland and during the same visit, see and operate on women in an unfamiliar environment, having only had the opportunity to discuss these details remotely. I hope you agree that this is still the case.

With that in mind, I would be happy to have a discussion to understand how we can move forward. As you know, there are a group of women who would welcome you coming to Scotland and I would very much like to make this possible.

I should reiterate that there are processes and standards in place for visiting clinicians and these must be adhered to. NHS Scotland will be able to offer you a contract, subject to the detail which you and Dr Calderwood have previously discussed and was outlined in the letter of 24 February. Colleagues in the International Recruitment Team stand ready to assist you with the necessary application process.

I again stress that any visit would only be arranged when safe and practicable, in light of the Covid-19 situation.

I look forward to hearing from you.

**DR GREGOR SMITH
INTERIM CHIEF MEDICAL OFFICER**

- **Email from Dr Veronikis to Interim Chief Medical Officer Dr Gregor Smith dated 24 June 2020.**

From: D. Veronikis, MD <[REDACTED]>

Sent: 24 June 2020 20:15

To: Chief Medical Officer <CMO@gov.scot>

Subject: Re: Letter from Dr Gregor Smith, Chief Medical Officer Scotland, to Dr Veronikis

Dr. Smith,

I am in receipt of your letter today.

I am sending by separate email the letter I sent to Dr. Calderwood on February 9, 2020.

Thank you.

DK Veronikis, MD, FACOG, FACS

Vaginal Surgery & Urogynecology

Director Female Pelvic Medicine & Reconstructive Surgery

- **Letter from Dr Veronikis to the First Minister dated 25 June 2020.**

Dionysios K. Veronikis, M.D. *Urogynecology*
Reconstructive Pelvic Surgery
Advanced Gynecologic Surgery

June 25, 2020

Dear First Minister,

I trust you are well. I am pleased to read that Scotland has been able to begin to take steps to return to some normality in the wake of the COVUD-19 peak times.

Since we last spoke, I returned to the task with renewed confidence that delay would cease. I noted how quickly international surgeons can be accredited in the UK when governments want to move quickly. Yet, I/we are still not one step closer to my coming to Scotland as a practicing registered physician of the General Medical Council.

I will return to this key issue but would like to personally answer your call for transparency. I will be guided by the Scottish Hansard transcript from June 24, 2020 in my responses, but the context of my letter from February 9, 2020 is vital to understanding the facts presented which rely on correspondence commencing February 24, 2020.

1. The *Pre-Condition letter*, February 9, 2020

I sent a four-page letter outlining the way forward to CMO Calderwood, which I will refer to as '*the pre-condition letter*.' This letter sets the context of the subsequent correspondence from the Scottish CMOs from February 24, 2020; onwards.

During the November 2020 visit by CMO Calderwood we discussed my requirements and the GMC stipulation for my continued involvement. Several months past with no progress and I reiterated in writing; that I had stipulated that condition for my ongoing involvement in Scotland and I have been left since the November visit and the letter of February 9, 2020 without a response.

I would ask that that letter is re-examined as I address in detail my understanding of the situation and why I am losing faith in the process.

I stated that 'I am willing in principle' to participate in an initial visit to Glasgow and suggested dates and needs.

In that letter I clearly state that (**my emphasis**):

*'... I am respectfully setting the pre-condition that the GMC approval process must be completed, and an employment contract issued to me **before** I engage in any further discussions on the reciprocal initial visits.'*

I would characterize all correspondence from that point more as updates on what was happening in Scotland and where Scotland had difficulties.

I agree that February produced two written records

2. CMO Calderwood Letter 1, February 24, 2020

This is CMO Calderwood's summary of a telephone conversation. She indicates Scotland would be able to offer me a contract and adds 'subject to' wording, but by no stretch can this letter be viewed as an employment contract.

The pre-condition was not fulfilled.

3. CMO Calderwood Letter 2, February 27, 2020

The second letter followed three days later, on February 27, 2020. I viewed this as a direct response to my concerns to the 'Visit' issue explored in the PreCondition letter. CMO Calderwood moves to sending a proposed visit Schedule.

It was in the context of the proposed visit, that CMO Calderwood names [REDACTED], I do not agree that [REDACTED], or any other person representing the International Recruitment Service, has contacted me. I was not asked to contact [REDACTED]. I am unaware of any correspondence from this service or [REDACTED]. I have received no phone calls.

From my conversations with CMO Calderwood I understood the International Recruitment Services would assist in practical issues during my Scotland visits as related, for example, to accommodation, or the practical issue of having a set of my instruments transported to Scotland.

The pre-condition was not fulfilled.

4. Covid and CMO Calderwood's resignation

In March 2020, the COVID pandemic arrived. In my view it did not impact directly on progress as no progress had been made.

On April 6, 2020 CMO Calderwood was replaced by interim CMO Smith.

Interim CMO Smith Letter 1, April 24, 2020.

This letter was an introductory letter which informed of the change of CMO and further delay due to COVID. Dr. Smith requested that I should reply to both CMO February letters *'once the present situation concerning COVID-19 abates'* and subsequently engage in more discussions *'with colleagues within NHS Greater Glasgow and Clyde, whom I understand wrote to you in early March'*.

There is no mention of an employment contract. The pre-condition was not fulfilled.

5. My response, June 5, 2020, to CMO Smith

My letter was brief expressing my frustration. I stipulated the pre-condition in that letter. I expressed my willingness to discuss. I received no response and my precondition was not met.

6. Interim CMO Smith Letter 2, June 24, 2020

CMO Smith's response was triggered by the press coverage of the withdrawal of my offer to Scotland. It is broadly reiteration of commitment and willingness to talk, and yet another reiteration of the regulatory processes. A year after Mr. [REDACTED] contacted me, there is no mention of an employment contract or even a document akin to a Letter of Intent being issued.

7. Conclusion

The politics of mesh has created a hostile environment for me and my surgical mesh removal skills within the surgical community. I have operated on several Scottish women with recorded previous full mesh removals and I have removed between 10 cm to 22 cm of remaining mesh. Some of these women are patients of the same surgeons I hosted in St Louis.

It is best for the safety of the women of Scotland that I stand by the withdrawal of my offer to come to Scotland. I wish you and the entire country of Scotland my very best wishes.

Sincerely,

[REDACTED]

Dionysios K. Veronikis, MD, FACOG, FACS

Mercy Doctors' Building, Tower B, Suite 2002, 621 South New Ballas Road, St. Louis, Missouri 63141 Tel: (314) 251-6753 Fax: (314) 251-4492 Exchange: (314) 868-7700

- **Letter of from Cabinet Secretary Jeane Freeman to Dr Veronikis dated 16 July 2020.**

Cabinet Secretary for Health and Sport
Jeane Freeman MSP



T: 0300 244 4000
E: scottish.ministers@gov.scot

Dr Dionysios K. Veronikis, MD FACOG, FACS

Ema [\[REDACTED\]@nhs.uk](mailto: [REDACTED]@nhs.uk)

16 July 2020

Dear Dr Veronikis

I hope you are well. My thanks to you for your letter of 25 June to the First Minister. I am replying as the Cabinet Secretary responsible for Health.

Let me say at the outset that I am disappointed that you have withdrawn your offer to come to Scotland and I am sorry that you have felt the need to do so. My purpose in writing to you is to ask you to please reconsider.

I want to reassure you that there is no hesitation on my part nor any intention to place unnecessary barrier or delays in your way by me, or any of my colleagues in Government or the NHS in Scotland.

I know there has been many exchanges of correspondence between you and Scottish Government and I felt that the productive discussion you had with Dr Calderwood on 3 February set out very clearly how we could, together, proceed. The subsequent pre-condition you outlined cannot be met – not because of an unwillingness to do so but because, as you and she discussed, we need you to see the clinical arrangements here, meet the theatre team, review the facilities available to you so you can determine if there would be more that you need, consider the cases and patients you would deal with, familiarise yourself with our MDT process and from all of that, agree the contractual basis on which you would then practice. That contractual basis is informed by all I have set out and that contractual basis is then what is needed by the GMC. I know you will fully understand that this cannot be sensibly or practically done pre-arrival.

This process applies to all our visiting clinicians and I am sure you will appreciate that the recent IMMDS Review [report](#) makes this more important than ever.

The position remains as set out on 24 February that on the basis of the above, and provided that on that first visit you remained content to return, NHS Scotland would offer you a contract.

So in summary I very much hope you will reconsider withdrawing your offer. As further reassurance having met with my MSP colleagues Alex Neil, Jackson Carlaw and Neil Findlay today I know they are supportive of this letter to you.

We stand ready to receive your dates for that preparatory visit, to discuss a potential contract offer and subsequent GMC registration, and to assist you in making the necessary support arrangements. I note from your letter that you are unaware of any correspondence from NHS Scotland's International Recruitment Unit. That being the case, I have attached a copy of the letter they sent to you on 3 March, in case this is helpful.

The First Minister, Chief Medical Officer and I remain very grateful to you for your offer, and are entirely respectful of your decision to withdraw it. But we do hope you will feel able to reconsider. I would be very happy to talk personally with you if you would find that helpful.

I look forward to hearing from you and hope we can speak on these matters soon.

With best wishes.



Jeane Freeman

- **Letter from Dr Veronikis to Cabinet Secretary Jeane Freeman dated 22 July 2020.**

Vaginal Surgery and Urogynecology, LLC.

Dionysios K. Veronikis, M.D. *Urogynecology*

Reconstructive Pelvic Surgery

Advanced Gynecologic Surgery

July 22, 2020

Dear Cabinet Secretary Freeman,

Mutual trust and respect remain the foundation of all co-operations.

Today I will not reiterate all my efforts to meet with an endless list of add-ons and moved goalposts which I have encountered in my cooperation with Scotland's health officials. These officials were appointed to deliver on my offer to perform surgeries on the mesh injured women of Scotland.

I have responded promptly and accommodatingly to every email, phone call, texts and all requests made by Scotland. The CMO Scotland gave me written instructions to sit tight until the Covid19 situation was managed.

My reasonable expectation is that the Scottish officials, with whom I have cooperated fully for over a year, would show me courtesy and goodwill. If a single and initial email from an NHS International Recruitment official truly carried such significance as to bring down over a year of cooperation, I would think the sensible approach would have been to phone or text me to chase a response. Yet nobody contacted me.

Further, the simple explanation that a first email from a new contact might be overseen or spammed and automatically deleted was not even considered. Instead a parliamentary speech was written without checking the full facts of the situation. The First Minister of Scotland has presented to its parliament an account which, in my opinion, is most unfair. Yet that account is now in Hansard and on public record.

You will permit me to say it was with considerable displeasure that I watched the footage from the Scottish parliament in St Louis. From my perspective, all my goodwill and cooperation had been discounted because of a missing response to one email, a response which nobody in Scotland had chased.

The First Minister's speech on June 24, 2020, stated that there was no blockage or unwillingness on the part of the Scottish Government to bring me to Scotland, that it was the First Minister's personal opinion that 'the contrary is absolutely the case'. Respectfully, this is not my experience.

The open-ended speculation in the First Minister's speech has been interpreted as a suggestion that it was I who was 'blocking' or 'unwilling' in this project. Yet, at that point, I had already agreed in principle to the preliminary visit to Scotland, to visit the operating room and complete the training schedule. In all honesty, an operating room in a modern hospital with an anesthesia team is routine and my familiarization could be completed online by a video tour.

In contrast, I had yet to receive an official letter of intent to engage my services. Further, I withdrew my offer when Scotland repeatedly failed to deliver on the promise of its CMO that Scotland would ensure that the GMC approval and employment contract would be completed by the end of 2019. This was a verbal agreement given to me by CMO Calderwood in November 2019 in the context of her visit to St Louis and our conversations. She clearly stated that she had checked on the situation and that she could have GMC approval within a month.

I withdrew my offer to Scotland in the background of long delays and a lack of sincerity which eventually led me to lose all trust in the process.

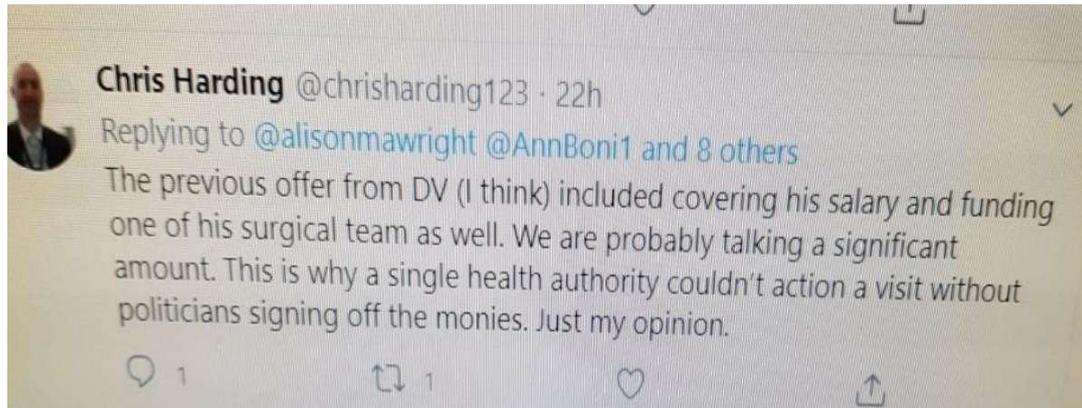
Having withdrawn from the process, it was *my* commitment which was questioned in the Scottish parliament. Further, the First Minister's speech fueled speculation. As the only other party in the discussions, the inference was that I had acted unreasonably.

Since that speech I have been accused of refusing to share data with Scotland and that Scotland had problems to afford my services. May I draw your attention to two social media posts?



The first social media post reported the Scotland project had failed because I would not share my mesh data with Scotland. This is untrue. When CMO Calderwood and the clinicians visited in November 2019, I shared any information they needed, including thousands of mesh removal photographs and videos of mesh removal surgeries. I allowed the Scottish clinicians to sit in on consults with mesh injured patients including physical examinations. I allowed the clinicians to observe my surgeries in my operating room. I have always willingly cooperated. I have been most generous in sharing the fullest information in response to any queries from the Scottish delegation.

I am understandably aggrieved at any suggestion of the contrary. The twitter account states that a Mr. Anthony Prudhoe of NHS England is the source of this information. I did not know who he was. I have since learned that Mr. Prudhoe plays a lead role in the commissioning of new complex mesh removal specialist services in England. I have emailed Mr. Prudhoe seeking clarification. A response is still outstanding.



The second social media post on June 27, 2020, raises the matter of my salary. For the record, I would remind that my generosity of sharing has extended to cooperating with Scotland without receiving a single penny for my involvement or for any outlay involved in hosting the Scottish delegation.

This twitter post was authored by Mr. Chris Harding, a GMC registered surgeon employed by NHS England. Mr. Harding is also mesh lead for BAUS, the British Association of Urological Surgeons. The sting of Mr. Harding's tweet is that I am unaffordable to Scotland's NHS system.

I know Mr. Harding. He is another doctor who in the past asked for my help in understanding how to perform mesh removal surgeries. Again, I willingly and generously and unconditionally shared my knowledge with him. At no point did I discuss any financial aspects of my planned visit to Scotland.

I have spent over a year working on the project and a salary has not been discussed with CMO Calderwood or anyone else. There has been no discussion of bringing a member of my surgical team to Scotland. Mr. Harding regularly tweets with mesh patients. Patients may not distinguish that an NHS surgeon is tweeting in a personal capacity. He ought to have been aware of the impact of such a tweet and its discussion on other social media platforms, yet his opinion was pure conjecture.

I appreciate that the posting and further dissemination of the opinions expressed on social media are beyond anyone's control. However, you will appreciate that I am disturbed that two NHS England officials directly involved with the commissioning of mesh removal services in England are at the center of the opinions expressed

On July 8, 2020, the English government Inquiry into Medicines and Medical Device Safety published its Report, 'First Do No Harm'. I have had limited opportunity to read it. However, it has provided some additional information. In Section 6, Review meetings (in person or by telephone), the November 2019 log evidences that the Review team spoke to:

- NHS England Specialised Commissioning: Anthony Prudhoe, Senior Manager, Programme of Care Women and Children
- Dr Catherine Calderwood, Chief Medical Officer for Scotland

In early November 2019, CMO Calderwood returned from the visit to St Louis. Later that month, Mr. Harding contacted me to tell me he had been speaking to CMO Calderwood and he had suggested I come to Scotland to speak at a conference. On the same day CMO Calderwood contacted me. CMO Calderwood furnished me with more details; that I come to Scotland for a symposium and approach attendees to sponsor my GMC application. I had fully expected that the CMO and the clinicians I had just hosted would act as sponsors.

It is a matter of record that I refused this suggestion as this was not the plan that CMO Calderwood and I discussed and agreed earlier that month when she was in St Louis.

In short, the positive progress, reached in early November 2019 during the St Louis visit, immediately stalled upon CMO Calderwood's return to Scotland. The clear and vital agreement, that CMO Calderwood could and would complete the regulatory steps within a month, collapsed. Instead I was being asked to jump through another hoop at some future date. At no point did CMO Calderwood mention Mr. Harding.

In 2020 no further progress was made. The promise of the completion of the regulatory steps and the supply of an employment contract did not materialize. My goodwill has been repaid with delay and lack of transparency. I decided to withdraw from the project.

On July 8, 2020, the English government Inquiry into Medicines and Medical Device Safety published its Report, 'First Do No Harm'. I have had limited opportunity to read it. However, it has provided some additional information. In Section 6, Review meetings (in person or by telephone), the November 2019 log evidences that the Review team spoke to:

- NHS England Specialised Commissioning: Anthony Prudhoe, Senior Manager, Programme of Care Women and Children
- Dr Catherine Calderwood, Chief Medical Officer for Scotland

Filling in the gaps, both Mr. Prudhoe and Mr. Harding were active in 2019 in the commissioning of the new specialist mesh services in England, one of the key recommendations of the recently published report, First Do No Harm.

In July 2020 I have read the news of newly commissioned specialist centers for complex mesh removal surgeries in Scotland and England. It is my view that the long delays in bringing me to Scotland have provided an opportunity for a parallel project undertaken by local surgical communities to self-regulate their removal skills. The speed at which that project has materialized can be sharply contrasted with the process I have been involved in.

Summary

Mutual trust and respect remain the foundation of all successful co-operations. I have been clear. I withdrew my offer to Scotland after the initial six months due to untenable delays. I withdrew a second time when after an additional six months, the delays continued. I had hosted the Scottish delegation in St Louis. Yet no progress had been made for me to come to Scotland.

My offer was made over one year ago, that I would come to Scotland and care for mesh injured women who were suffering. I was prepared to help with the backlog as well as provide mesh removal techniques to those who might wish to learn.

I am not to blame in any shape or form for the inability of Scotland's officials to make this project happen and their passive acceptance of unacceptable delays. Neither was I prepared for the contrasting quickness to publicly suggest to the mesh injured women of Scotland or to the global mesh injured community that I had and have withdrawn my offer because I was an unwilling or uncooperative partner. Nothing could be further from the truth.

Respectfully, my decision to withdraw my offer remains unchanged.

Sincerely,

[REDACTED]

Dionysios K. Veronikis, MD, FACOG, FACS

Mercy Doctors' Building, Tower B, Suite 2002, 621 South New Ballas Road, St. Louis, Missouri 63141 Tel:
(314) 251-6753 Fax: (314) 251-4492 Exchange: (314) 868-7700

- Letter of from Cabinet Secretary Jeane Freeman to Dr Veronikis dated 4 August 2020.

Cabinet Secretary for Health and Sport
Jeane Freeman MSP



T: 0300 244 4000
E: scottish.ministers@gov.scot

Dr Dionysios K. Veronikis, MD FACOG, FACS

Emailed to: [REDACTED]@stgynsurgery.com

4 August 2020

Jeane Freeman

Thank you for your letter of 22 July.

I am sorry that you feel unable to reconsider the withdrawal of your offer to come to Scotland.

As I noted in my previous letter, I thought the discussions you held with Dr Calderwood in early February were productive and provided a clear way forward. I am disappointed that we have not been able to pursue those discussions but I can assure you I am respectful of your decision.

Our offer remains open and our honest intention unchanged. Should you find yourself able to review your current decision, I would be delighted to resume our discussions and work with you.

Kind regards



JEANE FREEMAN

- **Letter from Dr Veronikis to Cabinet Secretary Jeane Freeman dated 7 August 2020.**

Vaginal Surgery and Urogynecology, LLC.

Dionysios K. Veronikis, M.D. *Urogynecology*
Reconstructive Pelvic Surgery
Advanced Gynecologic Surgery



Emailed to: CabSecHS@gov.scot

August 7, 2020

Dear Cabinet Secretary Freeman,

Thank you for your letter of August 4, 2020

I too have honest intentions and have taken Scotland's officers at their word.

In November 2019, there was clear agreement that the GMC regulatory approval was key to progressing my offer to Scotland for the benefit of the mesh injured women of Scotland. CMO Calderwood verbally guaranteed to me that this regulatory process would be completed within a month, December 2019 at the latest.

Scotland's practical obligation in this context is to provide two types of documentation. The first type is sponsorship documentation, specifically a certificate of introduction to the relevant UK medical Royal College and letters of support. The second is the NHS employment contract. Without these crucial documents, my GMC application as a Visiting Surgeon cannot be submitted, let alone approved. To date this has not occurred.

Upon return from the USA, CMO Calderwood began to change the narrative of the discussion and backtracked on what we discussed and agreed. She suggested that I attend a

conference event in Scotland in early 2020. Specifically, I should work the room and actively canvass attendees to sponsor my application. It was my clear understanding that CMO Calderwood and the medical officers who I hosted in St Louis would have willingly supplied such sponsorship as they met the GMC criteria as suitable persons to act as sponsors. In fact, CMO Calderwood, being an OB/GYN, is qualified to sponsor my application.

I was deeply disappointed at this turn of events.

My understanding at that point was that Scotland was renegeing on clear and agreed timelines and goal posts. It was changing its offer substantially and unilaterally. I sent detailed correspondence to CMO Calderwood in which I reminded of Scotland's obligation per November 2019 discussions.

Scotland's offer contained a promise to deliver the crucial GMC Visiting Surgeon approval by the end of 2019. My correspondence indicated that I was content in principle to continue planning. However, I made clear that two elements were pre-conditions to me flying to Scotland, namely, the GMC Visiting Surgeon approval and at least a letter of intent to enter into a contract of employment. To date this has not occurred.

My honest intention is evidenced in the correspondence, in which I agreed in principle to a short visit to Scotland and to the agenda scheduled, on the condition that the GMC Visiting Surgeon process was successfully completed. As you recall, I was in the UK in September 2019 and had discussions with [REDACTED] for a visit to Scotland that also never matured nor did my suggestion to meet in Sweden.

Therefore, after many discussions, emails, texts with [REDACTED] and the visit by CMO Calderwood and clinicians to St. Louis, I do not feel that my insistence that Scotland complete the GMC Visiting Surgeon process was at all unreasonable. I was only asking that Scotland deliver its offer to me in respect of the completion of the GMC Visiting Surgeon process. It must be clear that I too have to make timely arrangements for my absence from the USA when I travel to Scotland as I have family and surgical practice obligations with patients who travel internationally and plan surgical treatment many months in advance.

My offer was made to help with the backlog of mesh injured women waiting to have surgery. Over a year has passed since [REDACTED] notified governments of my offer and well, you know the history. Regretfully, I have lost faith in the delivery of

Scotland's offer since discussions started in June of 2019 with [REDACTED] and CMO Calderwood's promise.

I would only review my current decision once the GMC regulatory process is completed. When this is delivered, I would then be pleased to discuss the needs Scotland has in treating the mesh injured women as I would be assured of the backing of the Scottish medical community and have an employment contract which allows me to make suitable arrangements for my absence from my own practice in the USA. Only then can I resume discussions to operate on the Scottish mesh injured women in Scotland.

For the avoidance of doubt, the original offer which I made remains withdrawn as it has reached the end of its usefulness. I would expect the delivery of the GMC approval as an indicator of the seriousness of Scotland's offer to me.

I will view your response to this letter as a fresh start. My minimum expectation is that the GMC approval is confirmed before any other plans are made. I wish to be informed of who is providing the certificate of introduction and the letters of support and when my application is submitted.

In the interim Scotland can send its offer of intent document to me outlining Scotland's offer of employment and the detailed duties of the contract. I state clearly today that my time must be spent to the greatest extent in the operating room providing surgical care to the mesh injured women.

Should you find yourself able to confirm that Scotland's CMO has completed the GMC approval status of a Visiting Surgeon, I would be happy to resume discussions and review the details of an employment contract.

Kind regards

[REDACTED]

Dionysios K. Veronikis, MD, FACOG, FACS

Mercy Doctors' Building, Tower B, Suite 2002, 621 South New Ballas Road, St. Louis, Missouri 63141 Tel:
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- Letter of from Cabinet Secretary Jeane Freeman to Dr Veronikis dated 11 August 2020.

Cabinet Secretary for Health and Sport
Jeane Freeman MSP



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Dr Dionysios K. Veronikis, MD FACOG, FACS

Emailed to: [REDACTED]@stkgynsurgery.com

11 August 2020
Dear Dr Veronikis

Thank you for your letter of 7 August.

I would again stress that I am sorry that we have been unable to come to agreement and to build on what I understood to be helpful and constructive discussions with Dr Calderwood at the beginning of February.

I note your stipulation that, prior to re-engaging in any discussion with us, GMC approval be completed. However, as you yourself acknowledge in your letter, the GMC requires confirmation of employment as part of the application process. For the reasons I set out clearly in my 16 July letter, for example that we need you to see our clinical arrangements, familiarise yourself with the MDT process, and understand our methods for long term follow up of patients, a contract cannot be awarded prior to you making an initial, observational visit to Scotland.

As such, I regret that it is not possible to meet your stipulation. Nonetheless, I want to stress that we remain grateful to you for your offer and remain ready to welcome you here on the basis that I set out in my 16 July letter and, indeed, as I understood was agreed in your early February discussions with Dr Calderwood.

Kind regards

[REDACTED]

JEANE FREEMAN

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



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1799 2020



- **Letter from Dr Veronikis to Cabinet Secretary Jeane Freeman dated 2 September 2020.**

Vaginal Surgery and Urogynecology, LLC.

Dionysios K. Veronikis, M.D. *Urogynecology*
Reconstructive Pelvic Surgery
Advanced Gynecologic Surgery

Emailed to 

September 2, 2020

Dear Cabinet Secretary Freeman,

Thank you for your letter of August 11, 2020. I hope you are well during these pandemic times.

Respectfully, it is my view that this exchange of letters has become tainted with the politics of mesh. As I have stated previously: I am a surgeon, not a politician.

In the past, my goodwill has been tested. I had withdrawn my offer to Scotland. I was then given assurances by the First Minister of Scotland and I came back on board with the project. Regretfully, promises made to me by the appointed officials were not delivered. This was the reason why I withdrew my offer for a second and final time.

Since then, I have not changed my position. My language is plain and clear. It is not open to interpretation. All past cooperation has collapsed. It is over. My goodwill is exasperated. I am certain that my two hundred plus hours invested in these negotiations would have been better spent operating on twenty mesh injured women.

I feel obliged to respond to letters with increasingly reiterative content. I have written repeatedly and clearly stated that I have withdrawn my offer. Yet, no matter the content of my response, the default response from yourself and the Scottish government to me personally and to the public is: 'Scotland's offer to Dr. Veronikis remains open.'

Minister, this project was always a non-starter without the specific commitment from the host country, Scotland, to sponsor my surgical activity as required by the General Medical Council's Eminent Visiting Surgeon regulatory pathway. After more than a year, yourself, as the Cabinet Secretary, and the Scottish government and its NHS officials should have identified the requisite sponsors for my visit.

Having hosted Scotland's CMO Calderwood and its lead mesh surgeons, Ms. [REDACTED] and Ms. [REDACTED], I was led to believe that these individuals were endorsing my visit.

Imagine my great astonishment when, upon her return from the St. Louis visit, CMO

Calderwood suggested that I attend a symposium in Scotland in Spring 2020 and that I

'work' the crowd for a sponsor. This was a U-turn of progress made during our face-to-face discussion in St Louis, when CMO Calderwood had promised me that the GMC process would be completed by December 2019 at the latest. It was on this basis that I agreed in principle to a short visit to Scotland in the spring to complete a schedule of activities, including reviewing patient files. The pre-requisite to any travel to Scotland was that CMO Calderwood would complete, as promised, the sponsorship aspect of the GMC application. This U-turn was a clear message to me that neither CMO Calderwood nor the clinicians were committed to this project.

Minister, I am surprised that under your direction and that of the First Minister that such non-action was permitted.

For clarity's sake, I have never received a written offer from the First Minister, yourself, the Scottish CMO or any other government or NHS official. I had taken the project partners that you appointed at their word and have been disappointed.

My original offer to come to Scotland to help the mesh injured women is the only offer that ever existed. This offer, the offer that *I* extended, remains permanently withdrawn.

From my perspective, I have been extremely cooperative, and my goodwill has been abused.

Respectfully, I request that public record is corrected and that all reference to Scotland's offer to Dr. Veronikis ceases as no such offer exists.

Kind regards

[REDACTED]

Dionysios K. Veronikis, MD, FACOG, FACS

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