

PUBLIC RECORD

Dates: 12/02/2024 - 13/02/2024

Medical Practitioner's name: Dr Abdi GREEK

GMC reference number: 5186499

Primary medical qualification: Tip Doktoru 1994 Istanbul Universitesi

Type of case

Restoration following
disciplinary erasure

Summary of outcome

Restoration application granted. Restore to Medical Register.

Tribunal:

Legally Qualified Chair	Ms Sharmistha Michaels
Lay Tribunal Member:	Mr Andrew Gell
Medical Tribunal Member:	Dr Caroline Roberts

Tribunal Clerk:	Mr Sewa Singh
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Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Ms Hannah Thomas, Counsel, instructed by Weightmans Solicitors
GMC Representative:	Mr Peter Byrne, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in public.

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Restoration Application - 13/02/2024

Background

The 2017 Tribunal

1. By way of background, Dr Greek was referred to a Fitness to Practise Tribunal hearing in September 2017 to consider whether his fitness to practise was impaired by reason of misconduct. Dr Greek was not present and was not represented. The Allegation against Dr Greek included, that on or around 21 September 2016 he attended a consultation with a patient (Patient A) for the purpose of carrying out a medical assessment of Patient A to drive a private hire vehicle (a 'taxi') in the United Kingdom ('UK').
2. In order to drive a private hire vehicle (a 'taxi') in the United Kingdom, an individual must obtain and maintain a licence from the relevant authority. To obtain their licence a prospective taxi driver must undergo a medical assessment to show that they are fit to drive to the appropriate standards, determined by Transport for London ('TFL'). The standards are reflected in the questionnaire to be completed by the registered medical practitioner carrying out the medical assessment in support of the taxi driver's licence application.
3. During the consultation, Dr Greek completed the London Taxi and Private Hire Medical Declaration for Patient A and answered 'no' to a number of questions in the Medical Assessment Form ('the Form'). He also made a declaration in Section F of the Form that at the time of the consultation and completion of the form, he was in possession of Patient A's complete medical history.
4. The 2017 Tribunal found that Dr Greek did not have adequate information of Patient A's complete medical history when he completed the declaration in Section F of the Form, and that he knew that the information he included in Section F of the Form was untrue and that he knew it to be untrue. The 2017 Tribunal found that Dr Greek's actions were misleading and dishonest.

5. The 2017 Tribunal found that Dr Greek's actions amounted to serious misconduct and that his fitness to practise was impaired by reason of his misconduct. In reaching its decision on impairment, the 2017 Tribunal considered whether the misconduct found was remediable, had been remediated, and the risk of repetition. When considering Dr Greek's level of insight and remediation the only evidence the Tribunal had was Dr Greek's Rule 7 response. The 2017 Tribunal determined to place limited weight on its contents, noting that it would have been beneficial if Dr Greek had attended the hearing so that it could have heard from him in person. While the 2017 Tribunal had before it some evidence from Dr Greek of regret and remorse, it determined that he had only a limited degree of insight into his actions, noting that in his Rule 7 response, Dr Greek accepted that he should not have acted in the way he did and that the signing the of the medical declaration form was 'poor judgement', 'a mistake' and something he 'highly' regretted. The 2017 Tribunal was not satisfied that Dr Greek had demonstrated full insight into his dishonesty, its seriousness, and its consequences. Further, in view of its findings, the 2017 Tribunal could not be satisfied that Dr Greek would not repeat his dishonesty in the future.

6. In considering what sanction to place upon Dr Greek's registration, the 2017 Tribunal balanced the mitigating and aggravating factors it had identified in this case, as follows:

Mitigating Factors

- Dr Greek had practised in the UK for fourteen years, and the Tribunal was not aware of any concerns about his clinical competency and there were no previous adverse regulatory findings against him;
- Dr Greek's dishonest conduct was a single incident – was not persistent and was not covered up;
- Dr Greek's dishonesty did not result in actual harm to members of the public;
- Dr Greek directly engaged with the process until mid-July 2017;
- Dr Greek had a limited degree of insight- he had acknowledged that he should not have acted in the way he did early in the GMC's investigation process; and
- Dr Greek appeared to have expressed regret for acting as he did and appeared to have demonstrated some remorse for his actions.

Aggravating Factors

- Whilst Dr Greek's dishonesty was an isolated incident it was serious and occurred in the context of his professional practice. His dishonest conduct was done for financial gain and had the potential to put members of the public who use taxis, other road users and pedestrians at risk of harm;
- Whilst Dr Greek had a limited degree of insight he had not demonstrated insight into the seriousness of his misconduct and/or its consequences;

- Dr Greek maintained in his 'Rule 7 response' that during the consultation he did not act dishonestly and that he 'asked all the necessary questions', which the 2017 Tribunal found otherwise;
- Dr Greek's dishonesty constituted a particularly serious breach of a fundamental tenet of the profession, namely the duty to be honest and trustworthy, and to act with integrity at all times; and
- There was no cogent evidence that Dr Greek accepted that he needed to remediate his misconduct, or that he had taken any meaningful steps to do so.

7. The 2017 Tribunal determined that the taking of no action or the imposition of conditions on Dr Greek's registration would not be appropriate.

8. In relation to suspension the 2017 Tribunal had regard to paragraphs in the Sanctions Guidance (the SG), in particular paragraph 87, which states:

"87 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions (see paragraphs 24–45)."

9. The 2017 Tribunal determined that in the absence of any meaningful reflection on the part of Dr Greek into his misconduct, and the lack of evidence about Dr Greek's insight and remediation, there was a risk that Dr Greek would repeat his dishonest behaviour. The 2017 Tribunal took into account that whilst Dr Greek asserted in his Rule 7 response that he had reflected and had read around ethics, it had not been provided with any objective evidence about how he understood what he had read, or how he would apply his learning in his future practice. It therefore concluded that it could not be satisfied that a period of suspension, allowing Dr Greek further time to reflect and remediate, would be successful. It considered that a period of suspension would not reflect the seriousness with which it viewed Dr Greek's misconduct. Further, a period of suspension would not be sufficient to maintain public confidence in the profession and declare and uphold proper standards of conduct and behaviour.

10. The 2017 Tribunal determined to erase Dr Greek's name from the medical register. In reaching its decision, the 2017 Tribunal noted paragraph 108 of the Sanctions Guidance (SG) which deals with when erasure may be appropriate. It took into account that it had before it very little evidence of Dr Greek's insight and remediation. It considered that Dr Greek's dishonest completion of the Form constituted a serious departure from a fundamental tenet of Good Medical Practice (GMP). And that whilst Dr Greek's dishonesty did not result in direct harm to patients, it occurred in the context of his profession practice and had the potential to put members of the public at risk. It found that Dr Greek had shown a blatant disregard for the safeguards designed to protect member of the public. Further, that he had abused the position and trust placed in him by the authorities responsible for issuing taxi licences, and that his misconduct not only undermined that trust but also the trust of the wider public. It

determined that Dr Greek's behaviour was fundamentally incompatible with his continued registration on the medical register.

11. The 2017 Tribunal was satisfied that, in view of its findings, the overarching objective of protecting, promoting and maintaining the health and wellbeing of the public, maintaining public confidence in the profession, and promoting and maintaining proper professional standards and conduct for members of the profession, outweighed Dr Greek's own interests. The 2017 Tribunal determined to direct that Dr Greek's name be erased from the medical register.

Documentary Evidence

12. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:

- Certificate of Good Standing – from the Kenyan Medical Practitioners and Dentists Council;
- VERL - UD8 Form Medical Services Statement – setting out positions held since 2017;
- Dr Greek's Continuing Professional Development (CPD), together with certificates of course completed, including for Fundamentals of Medical Ethics dated 10 December 2022, together with his reflections and learning from the course
- Testimonials from Dr Greek's clinical colleagues attesting to his clinical work and good character;
- Dr Greek's Appraisals dated 18 January 2016 and 28 December 2016;
- Dr Greek's witness statement dated 5 July 2023
- UD4 and UD8 forms completed together with associated documentation;
- Transcripts of Dr Greek's MPT hearing and Determinations in September 2017.

Dr Greek's evidence

13. The Tribunal heard oral evidence from Dr Greek. It also received his reflective statement. During his evidence Dr Greek gave a brief summary of his career stating that he completed his GP training in Surrey. He said that he worked as a locum GP at Featherstone Road Clinic in London where he did four sessions per week. He said that he also undertook sessions at the Urgent Care Centres at Hillingdon, Northwick Park and Hemel Hempstead Hospitals where he tended to patients in Accident and Emergency, triaged them and provided treatment to them. He said he worked five or six days a week and the hours were controlled but sometimes he did extra hours depending on staffing shortages, often being called upon to do extra shifts.

14. Dr Greek said he loved medicine and tried to help wherever he could. In addition, Dr Greek said that he undertook voluntary work with youth groups in the local community at the weekends, which involved clinical and non-clinical aspects. Dr Greek told the Tribunal that he

had also worked for the British Army Reserve, as a captain, since 2004, having trained with the field hospital in a clinical and military capacity, providing support to the army wherever they were deployed across the world.

15. Dr Greek went on to explain the circumstances which led to his completing of the Form and to the subsequent misconduct found. He explained that the event for the taxi licencing took place out of hours. He recalled that Patient A told him that he was eager to get back to work, and Dr Greek said that he just wanted to help Patient A, a young man, to do so. He accepted his actions were wrong and unprofessional because he did not have access to Patient A's medical records. Dr Greek added that at the time of the consultation he was very tired and overwhelmed, and did not realise his mistake, adding that he had been undertaking a lot of work at the urgent care centres and just wanted to go home and rest as his next shift at the hospital was at 06:00 the next day. He said that this had affected his decision made at that time.

16. Dr Greek said that he should not have done what he did, his actions were wrong because had Patient A had a medical condition such as epilepsy for instance, his actions in completing the forms without taking a full medical history could have resulted in harm to members of the public. Dr Greek said that he should have looked at Patient A's medical records which would have been accessible via the internet or told Patient A to obtain them electronically. Dr Greek said that he had read, reflected on and agreed with the findings of the previous Tribunal and understood why his actions were wrong and very 'grave'. He added that doctors should not bring the medical profession into disrepute and should be honest at all times. He noted that these events had had a detrimental impact on his family and children, some having to leaving their school due to harassment, and affected his whole life.

17. Dr Greek said that after the previous Tribunal hearing, he had struggled to secure work as he was unable to get any liability insurance, and so he decided to move to Kenya where he has been working since. He stated that he was a member of the Kenya Medical Association Committee on Research and Ethics and has undertaken self-directed learning. He provided a brief explanation of the clinical work and his clinical roles whilst working in Kenya. He added that he had reflected on his actions and told the Tribunal of the steps he had taken to remediate. He said that amongst other things, he had completed an eight hour long online course in Medical Ethics. Dr Greek said that the course, organised by the Norwegian Medical Association, covered many topics such as what is Medical Ethics and Principal features of Medical Ethics.

18. Dr Greek said upon completing the course, participants received a certificate. He reiterated that he had made a very serious mistake in completing the Form and wanted to correct that. He said that he should be honest and act with integrity and would never repeat the mistake.

19. Dr Greek said that by failing to prioritise his own well-being and adequately assess his own capabilities, he inadvertently jeopardised the trust that patients and the community placed in him as a healthcare professional, adding that as a result of his actions, patients and

the community had been denied the opportunity to see or speak with him in a medical capacity which had had an impact on them and on the wider public. Dr Greek went on to state that the consequences of his actions had deeply affected him, and he had reflected on the importance of self-care, recognising personal limitations, and maintaining a healthy work-life balance. Further, he stated that he understood the profound impact his actions had on the public, who relied on him to provide safe and effective medical care.

20. Dr Greek stated that to ensure there was no repeat of his actions, he had now developed a comprehensive plan for managing his workload and his personal well-being. This included implementing strategies for self-care, such as regular breaks, maintaining a peer support network and seeking assistance when needed. Dr Greek said that he would prioritise his ongoing professional development to keep up to date with the latest medical advancements and guidelines, ensuring the provision of optimal care. He added that he would continue to work on an informal basis with his previous Appraiser in the UK and with any Appraiser assigned to him by future employers.

21. Dr Greek told the Tribunal that he was currently working full time at the Royal London Polyclinic in Kenya where he worked from 08:00 to 18:00, with no out of hours work. He said that in addition, he had held a paid part-time civic role, adding that this ceased in August 2023.

22. Dr Greek said that if allowed to return to clinical practise, he would manage and maintain his work-life balance by reducing the amount of work he undertook, seeking advice from his peers and attending peer review groups. He added that if he worked as a GP in a GP practice, it would be for no more than three days per week as he wished to continue with his work in the urgent care centres for the two days per week. He said that he would not take on any other work.

23. On questioning from the Tribunal, Dr Greek said that his current role and work as a family physician at the Royal London Polyclinic in Kenya was similar to working as a GP in the UK. He said that he treated patients presenting with every type of illness, made referrals and followed up their treatment plans. He added that he and his clinical colleagues had regular meetings to discuss and review patient cases and medical issues, and that they had a similar mix of patient cases to those seen in primary care in the UK. In relation to how GP practices had changed in the UK since the pandemic, Dr Greek said that he was aware of these changes, including the increased use of telephone consultations in GP practices, having maintained regular contact with his clinical colleagues in the UK.

24. Regarding mentorship, Dr Greek said that he had more than one mentor who had helped him to understand what he had done wrong, to develop his insight, and to remediate. He added that he declared the fact that he had been erased from the UK medical register to potential employers in Kenya.

25. Dr Greek said that from a well-being perspective, he would put in place various strategies which included continuing to engage with annual appraisals and with peer support groups. He said that he had a good network of clinical colleagues to support him.

26. Dr Greek told the Tribunal that he fully accepted the previous Tribunal's findings that his actions were dishonest, adding that he had never done anything, such as the misconduct found, before or since.

GMC Submissions

27. At the outset of these proceedings, Mr Peter Byrne, on behalf of the GMC, informed the Tribunal that the GMC's position was neutral as to whether Dr Greek's application to be restored to the medical register should be granted or not.

On behalf of Dr Greek

28. Ms Hannah Thomas, Counsel, reminded the Tribunal that it should have regard to the three limbs of the overarching objective. She said that it should focus on the steps Dr Greek has taken, since his name was erased from the medical register, to develop his insight and to remediate his misconduct. She referred the Tribunal to Dr Greek's witness statement dated 5 July 2023, his undated reflective statement, and his oral evidence. She also referred the Tribunal to the testimonials received from Dr Greek's clinical colleagues, all of whom she submitted consider him a man of integrity and a compassionate doctor. She submitted that Dr Greek's oral evidence was candid and given in an honest fashion, adding that he accepted his failings and understood why and what he did was wrong.

29. Ms Thomas reminded the Tribunal of the circumstances, set out above in Dr Greek's oral evidence, which led to him behaving in the way he did. She also reminded the Tribunal of the steps Dr Greek has taken to remediate his misconduct and added, that Dr Greek in his oral evidence had noted that he was grateful to the previous Tribunal for its findings. Ms Thomas submitted that Dr Greek has reflected upon his misconduct and has undertaken targeted CPD which included a medical ethics course.

30. Ms Thomas submitted that the evidence before the Tribunal today was not available to the previous Tribunal, reminding the Tribunal that Dr Greek was neither present nor represented at the previous proceedings for a variety of reasons which this Tribunal was aware of. She took the Tribunal through paragraphs of the previous Tribunal's determinations and highlighted what she submitted were salient points which led to the previous Tribunal deciding that suspension was not the appropriate sanction. These included, amongst other things, that there was no evidence of why Dr Greek acted in the way he did, or any evidence of any insight or remediation. Ms Thomas acknowledged that dishonesty was rightly treated seriously but submitted that Dr Greek's dishonest actions were at the lower end of the scale of dishonesty.

31. Ms Thomas submitted, however, that there was cogent evidence before the Tribunal today of Dr Greek's insight and the steps he has taken to remediate. She reminded the Tribunal of the circumstances which led to Dr Greek acting in the way he did, adding that he felt bad for Patient A and only wanted to help him. She submitted that Dr Greek accepted that his actions in completing the Form as he had done were dishonest, and that he had breached a fundamental tenet of Good Medical Practice (GMP). She reminded the Tribunal of the mechanisms Dr Greek has put in place to help him ensure there was no repetition of the misconduct.

32. Ms Thomas referred the Tribunal to the relevant Guidance dealing with Restoration cases. She said that this was a one-off incident and referred the Tribunal to an example set out in Dr Greek's Appraisal where it stated that he declined to accept a gift from a patient. She submitted that the misconduct found in this case has been remediated. She said that the risk of repetition was low. She spoke of Dr Greek's desire to return to practice medicine in the UK, a career he was very passionate about. She submitted that a member of the public would understand and appreciate the steps Dr Greek had taken to develop his insight and to remediate his misconduct. Ms Thomas added that there was positive evidence before the Tribunal that Dr Greek was a man of good character. She submitted that he had kept his medical knowledge and skills up to date.

33. In all the circumstances, Ms Thomas invited the Tribunal to restore Dr Greek's name on the Medical Register.

The Tribunal's Approach

34. The Tribunal noted it has a broad discretion when considering an application for restoration, in the context of its primary responsibility to act in accordance with the statutory overarching objective.

35. The Tribunal noted that Section 41 of the Medical Act 1983 states, "*where the name of the person has been erased from the register, the Medical Practitioner's Tribunal may, if it thinks fit, direct that the person's name be restored to the register.*"

36. The Tribunal has taken into account the test as set out in *GMC v Chandra [2018] EWCA Civ 1898* when considering if a doctor should be restored, namely; '*having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective*'.

37. The Tribunal reminded itself that it should not seek to go behind the 2017 Tribunal's findings on facts, impairment and sanction or its determination to erase Dr Greek's name from the Medical Register. Further that the test for restoration will not be met if the Tribunal finds the doctor's fitness to practise remains impaired.

38. The Tribunal also noted that the onus is on Dr Greek to persuade it that he is fit to practise and should be returned to unrestricted practise. The Tribunal has borne in mind that, should it determine to restore Dr Greek's name to the Medical Register, there is no provision for this to be on the basis of anything other than unrestricted registration.

39. Throughout its consideration of Dr Greek's application for restoration, the Tribunal was guided by the approach laid out in the MPTS Guidance document: '*Guidance for medical practitioner's tribunals on restoration following disciplinary erasure*' ('the Guidance'). The Tribunal reminded itself that, in making its decision, it should consider the following relevant factors:

- The circumstances that led to disciplinary erasure;
- Whether the doctor has demonstrated insight into the matters that led to erasure, taken responsibility for their actions, and actively addressed the findings about their behaviour or skills;
- Insight and remorse;
- Remediation and risk of repetition;
- Steps the doctor has taken to keep their skills and knowledge up to date; and
- The lapse of time since erasure.

40. After considering these factors, the Tribunal reminded itself that it should balance its findings against whether restoration meets the overarching objective, carefully considering each of the three elements and acting in a way which:

- a. protects, promotes and maintains the health, safety and wellbeing of the public;
- b. promotes and maintains public confidence in the medical profession; and
- c. promotes and maintains proper professional standards and conduct for members of the profession.

41. The Tribunal took account of all the evidence before it, both oral and documentary. It has also considered the submissions made by Mr Byrne, on behalf of the GMC and from Ms Thomas, on behalf of Dr Greek.

The Tribunal's Decision

The circumstances that led to Dr Greek's erasure

42. The Tribunal took into account the determination of the 2017 Tribunal and it noted the seriousness of Dr Greek's misconduct which led to his erasure and it being found to be a fundamental breach of the principles in GMP.

Whether Dr Greek has demonstrated insight and remorse

43. The Tribunal reminded itself of paragraph B10 of the Guidance, which states:

‘Factors that can be relevant to a doctor demonstrating genuine insight include, but are not limited to, evidence they have:

- a considered the concern, understood what went wrong and accepted they should have acted differently*
- b demonstrated that they fully understand the impact or potential impact of their performance or conduct, for example by showing remorse...*
- c demonstrated empathy for any individual involved, for example by apologising fully...*
- d taken steps to remediate and to identify how they will act differently in the future to avoid similar issues arising ...’*

44. The Tribunal bore in mind that English is Dr Greek’s second language and was sensitive to how he communicated insight, apology and regret.

45. The Tribunal noted that Dr Greek accepted that his actions were dishonest and had not appealed the decision to erase his name from the medical register. He made admissions to his misconduct early on in the GMC investigation.

46. In his written and oral evidence Dr Greek accepted the previous Tribunal’s findings about his dishonesty, understood what he did was wrong and why, and accepted that he should have acted differently. Dr Greek apologised for his misconduct and the Tribunal found his expressions of regret and remorse were sincere, credible and genuine. He accepted that his misconduct brought the medical profession into disrepute and had the potential to cause harm to members of the public. It further noted Dr Greek’s evidence that he has been open and honest with his employers and/or clinical colleagues about his previous fitness to practise history and the circumstances that had led to his erasure.

47. The Tribunal had regard to the testimonial provided by Dr B dated 7 March 2023 in which he stated:

‘I have never had any concerns about Dr Greek’s standards of openness. He is a man of integrity, always doing his best to help people in need. His charity work in the UK and abroad speaks for itself, and he is dedicated to providing medical care to the most vulnerable people in society, especially orphans and children with congenital heart diseases.

Finally, I would like to say that we are all human, and we all make mistakes. The good ones are those who learn from their mistakes and become stronger. People who make mistakes are often those who try to do something good and help others. Dr Greek has made mistakes, but I believe he has learned from them and is committed to improving his practice.’

48. In his testimonial dated 17 March 2023, Dr C stated:

'...I am aware of the allegation of dishonesty and I am happy for a copy of this letter to be presented to the General Medical Council.

....

I have never had any concern on Dr Greek ability, openness, standard and integrity. He is well spoken of by the society. He has made error which he highly regrets his action and is very remorseful and has done ethical course. He continues to engage with his peers. He has demonstrated good insight and continues to ensure that this does not recurs.'

49. The Tribunal noted that in his written and oral evidence, Dr Greek apologised for his actions to Patient A and the wider public. He demonstrated an understanding of the impact his actions had and could have had for the protection of the public interest. For example, he acknowledged that if Patient A had an epileptic seizure, that could be dangerous for him, other road users and the wider public. Dr Greek explained to the Tribunal what changes he has made and would make to his clinical practice if he were allowed to return to practice in the UK. He said that he would not do long hours and would seek support from his network of peers and clinical colleagues. He said that he would continue to engage with the medical support network.

50. The Tribunal was satisfied that Dr Greek has developed sufficient insight into his misconduct.

Whether Dr Greek has taken responsibility for his actions

51. The Tribunal noted that since his erasure Dr Greek has had over five years to reflect on his actions. It noted that in his oral and written evidence Dr Greek expressed apologies and his regret which the Tribunal considered demonstrated a depth of understanding as to what he did wrong and why, and a commitment to trying to improve and do better. The Tribunal was satisfied that Dr Greek understood the wider implications of his actions, namely in terms of public confidence and the maintenance and upholding of professional standards. The Tribunal was encouraged by Dr Greek's assertion that he will seek support from his network of clinical colleagues. Further, that he would continue to meet with his previous Appraiser for extra support.

Whether Dr Greek has actively addressed the findings about his behaviour and what the doctor has done since their name was erased from the register

52. The Tribunal reminded itself of paragraphs B13, B25 and B30 of the guidance, which state:

'B13 Remediation is where a doctor actively addresses concerns about their behaviour, skills, performance or health. Remediation can take a number of forms and, where successful, will weigh in favour of allowing restoration.

B25 When assessing the weight to be attached to remediation, steps started soon after the relevant events will usually carry more weight than those started just before, or at, the time of the doctor's application for restoration.

B30 Less weight should usually be given to online courses as these do not generally provide a proper opportunity for a doctor to witness doctor/patient interaction first hand and this can limit their value. However, tribunals will need to consider if there are good reasons why online learning was the best available way for the doctor to keep their knowledge and skills up to date. For example, if health issues or caring responsibilities meant they found it difficult to attend relevant learning in person.'

53. The Tribunal took account of the CPD courses Dr Greek has completed since his erasure from the medical register which it regarded as evidence of his commitment to maintaining his medical knowledge and professional development. Dr Greek has also undertaken targeted learning in the form of an online course in Medical Ethics. The Tribunal was satisfied that the course was relevant to his misconduct and gave weight to the fact that Dr Greek had completed and reflected on it.

54. The Tribunal was satisfied that Dr Greek has addressed his dishonest behaviour as set out in the evidence before it. It noted Dr Greek's statement of reflection, his written submissions and oral evidence, and the testimonials provided by his clinical colleagues. The Tribunal considered that this evidence supports its belief that Dr Greek has developed sufficient insight into his misconduct.

55. The Tribunal noted the testimonials from Dr Greek's clinical colleagues, as set out above. Both of them state that they have no concerns about Dr Greek's clinical practice or his honesty. Dr Greek has used his employment in Kenya to keep up to date with developments in the health care sector, and has continued to maintain his knowledge of working practices in the UK through regular contact with his clinical colleagues in the UK.

56. The Tribunal heard evidence from Dr Greek as to how he will restrict his clinical practice in future to enable him to manage his work-life balance. He gave the Tribunal an assurance that he would not undertake any additional workload such that he was overwhelmed by it, and which would compromise him practising safely and in accordance with GMP.

57. The Tribunal noted that Dr Greek has no previous adverse history with the GMC nor is there any evidence to suggest that there has been a repeat of any similar incident since the events which led to his erasure from the medical register. It noted that Dr Greek has been working in Kenya for some years and it noted the certificate of good standing provided from the Kenyan Medical Practitioners and Dentists Council. It accepted Dr Greek's evidence,

which was unchallenged by the GMC, that he had treated patients in a clinical setting as he described.

Risk of repetition

58. Having found that Dr Greek has developed insight, understood and addressed his previous dishonesty and remediated, the Tribunal concluded that he is very unlikely to repeat the misconduct which led to his erasure. It also accepted Ms Thomas' assertion that Dr Greek's dishonest misconduct was at the lower end of the spectrum of dishonesty.

59. The Tribunal considered that the public interest includes facilitating the return to practice of an otherwise competent doctor, where appropriate, as well as upholding standards and maintaining trust in the medical profession. The Tribunal considered that there is always a need for competent, caring doctors who work in the area of emergency medicine.

60. The Tribunal considered that members of the public are aware of the need for all doctors to be honest, open and act with integrity. Although Dr Greek's erasure was justified in 2017, this Tribunal considers that his restoration is now appropriate in view of his CPD, reflection, acceptance, insight, and remediation.

61. The Tribunal had regard to the need to maintain and promote professional standards and conduct. The Tribunal considered that Dr Greek's erasure in 2017 sent out a clear signal that his misconduct was unbecoming of a member of the medical profession. The Tribunal was satisfied that there was no longer a need for Dr Greek to remain erased to promote and maintain professional standards and conduct.

62. The Tribunal considered that Dr Greek has developed a good understanding of why he acted as he did, and that he now realises the importance of acting with honesty and integrity. The Tribunal did not consider that professional standards or public confidence in doctors would be damaged by restoring Dr Greek to the medical register.

63. Having considered the circumstances which led to Dr Greek's erasure and the extent of his remediation and insight and having regard to all three limbs of the overarching objective, the Tribunal determined that Dr Greek is fit to practise and it is appropriate to allow him to return to unrestricted practice.

64. Accordingly, the Tribunal determined to grant Dr Greek's application to be restored to the Medical Register.

65. That concludes the case.