

PUBLIC RECORD**Dates:** 16/11/2020 - 18/11/2020**Medical Practitioner's name:** Dr Adil SHAREEF**GMC reference number:** 4750983**Primary medical qualification:** MB BS 1990 Quaid-E-Azam Medical College**Type of case**Restoration following
disciplinary erasure**Summary of outcome**

Restoration application refused. No further applications allowed for 12 months from last application.

Tribunal:

Legally Qualified Chair	Mr Robin Ince
Lay Tribunal Member:	Ms Susan Disley
Medical Tribunal Member:	Dr Noel Bevan
Tribunal Clerk:	Ms Chloe Ainsworth

Attendance and Representation:

Medical Practitioner:	Present and not represented
Medical Practitioner's Representative:	N/A
GMC Representative:	Ms Amy Rollings, Counsel

Attendance of Press / Public

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

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 - 18/11/2020

1. This Tribunal has convened to consider Dr Shareef's application for his name to be restored to the Medical Register in accordance with Section 41 of the Medical Act (1983) ('the Act') and Rule 24 of the General Medical Council's (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). This is Dr Shareef's first restoration application.

Background

2. On 2 July 2010, the Crown Court at Guildford found Dr Shareef guilty of the following:

- a. indecently assaulting Patient A, a female person, between 1 January 2003 and 13 December 2003, contrary to section 14(1) of the Sexual Offences Act 1956;
- b. sexually assaulting Patient B, a female person, between 1 May 2004 and 31 May 2004, contrary to section 3 of the Sexual Offences Act 2003;
- c. sexually assaulting Mrs E on 15 August 2008, contrary to section 3 of the Sexual Offences Act 2003;
- d. sexually assaulting Patient C, a female person, on 9 September 2008, contrary to section 3 of the Sexual Offences Act 2003; and
- e. sexually assaulting Patient D, a female person, between 1 January 2008 and 31 December 2008, contrary to section 3 of the Sexual Offences Act 2003.

3. Dr Shareef was sentenced to a total term of 18 months' imprisonment. In addition, by virtue of his convictions and the sentences imposed he was made subject to the notification requirements of the Sexual Offences Act 2003 for a period of 10 years. Dr Shareef did attempt to appeal against both his conviction and sentence, but the Court of Appeal refused the application. Dr Shareef served nine months of his 18 month sentence and was released on licence in April 2011.

4. This conviction formed the basis of a fitness to practise hearing, which took place in April 2011, before a panel ('the 2011 Panel'). Dr Shareef did not appear at that hearing, but made a written application to adjourn it. That application was refused and the 2011 Panel decided to proceed in his absence.

The 2011 Panel

5. The 2011 Panel had sight of the certificates of conviction, both dated 15 July 2010, and the sentencing remarks of the judge. As such, it found that Dr Shareef had been convicted of the above offences. The 2011 Panel noted that Dr Shareef's offences took place over a period of six years on five separate occasions between January 2003 and December 2008. It considered that at least two of the offences involved vulnerable women. The 2011 Panel determined that Dr Shareef had abused his position of trust, and, in doing so, had brought the medical profession into disrepute and damaged the public's confidence in the profession. It concluded that Dr Shareef's fitness to practise was impaired by reason of his misconduct.

6. The 2011 Panel considered Dr Shareef's conduct to be so serious that it was fundamentally incompatible with continued registration. It found Dr Shareef's behaviour to be aggravated by its recurrence on five separate occasions over a period of six years. The 2011 Panel determined that Dr Shareef's behaviour had demonstrated a reckless disregard for the principles set out in *Good Medical Practice* ('GMP'). It concluded that Dr Shareef had clearly abused his position of trust and the public's trust in the profession, breaching one of the fundamental tenets of the profession, that being the trust which patients place in doctors.

7. Dr Shareef attempted to appeal against the 2011 Panel's decision, but the High Court refused to allow him to appeal out of time. In July 2014, Dr Shareef made an application to the Criminal Cases Review Commission ('CCRC') for it to review his conviction on the basis that he considered it to be '*unsafe*'. Sometime in 2015, the CCRC rejected Dr Shareef's application. At some stage during 2015, Dr Shareef returned to Pakistan and commenced working there as a doctor.

November 2020 Restoration Hearing

8. Today the Tribunal has considered Dr Shareef's application to be restored to the medical register under Rule 24 of the Rules after being erased by the 2011 Panel by reason of his conviction.

The Evidence

9. The Tribunal received the documentary evidence, including:

- Dr Shareef's application for restoration;
- Certificate of good standing from the Pakistan Medical and Dental Council;

- Letters, references and testimonials, dated variously;
- Dr Shareef’s reflections, insight and remediation measures, dated 12 October 2020;
- Sentencing remarks, dated 2 July 2010;
- Determinations of the 2011 Panel, dated April 2011.

10. Ms Rollings, on behalf of the GMC, made an application to admit further evidence under Rule 34(1) of the Rules. This was a letter from Dr Shareef to the GMC applying to appeal the 2011 Panel’s decision to erase his name from the medical register, dated 17 May 2011. Ms Rollings submitted that this letter demonstrates Dr Shareef’s lack of insight into his conviction. Dr Shareef did not oppose the application. As such, the Tribunal admitted the document into evidence.

11. During the course of the proceedings, Dr Shareef applied to admit an amended version of the reflections, insight and remediation measures document, originally dated 12 October 2020, into evidence under Rule 34(1) of the Rules. The new version included additional paragraphs apologising to the women he was convicted of sexually assaulting. Ms Rollings did not oppose the inclusion of this document, but made further comments about it during her submissions.

12. The Tribunal also agreed to admit a further three documents from Dr Shareef into evidence during the course of the proceedings. These were not opposed by the GMC:

- Dr Shareef’s letter to the Criminal Cases Review Commission, dated 8 July 2014;
- Letter from Criminal Cases Review Commission, dated 24 October 2014;
- Dr Shareef’s letter outlining further submissions, dated 16 November 2020.

13. Dr Shareef gave oral evidence on the second day of the hearing. During the course of his evidence, the Tribunal directed that part of Dr Shareef’s evidence be heard in private in accordance with Rule 41 of the Rules.

Opening Submissions on behalf of the GMC

14. Ms Rollings, on behalf of the GMC, submitted that the GMC opposes Dr Shareef’s application to be restored to the medical register. Throughout her submissions she referred the Tribunal to the MPTS Guidance document: *Guidance for medical practitioners tribunals on restoration following disciplinary erasure* (‘the Guidance’). Ms Rollings reminded the Tribunal that it is up to Dr Shareef to satisfy it that he is fit to return to unrestricted practice.

15. Ms Rollings submitted that Dr Shareef did not plead guilty at his Crown Court trial and following his conviction he unsuccessfully sought to appeal his conviction and sentence. Ms Rollings submitted that this demonstrates a lack of insight into his conviction.

16. Ms Rollings submitted that the documents before the Tribunal are similar to the documents presented to the Crown Court jury in that they attest to Dr Shareef's good character in his personal and professional life, but do not contain any apologies to the women involved in this case and do not address the counts proved against him.

17. Ms Rollings submitted that the Tribunal has received no evidence to suggest that Dr Shareef has attempted to remediate his behaviour, which the judge described as '*opportunistic*'. She submitted that examples of remediation would include rehabilitation, such as therapy, and reflection on why Dr Shareef undertook the actions that he did. However, she submitted there is no evidence that Dr Shareef has addressed the opportunistic behaviour that led to the sexual assaults. Ms Rollings submitted that there is nothing in the documentary evidence to explain why Dr Shareef would act differently in the future. As such, Ms Rollings submitted that there would be a risk of repetition if Dr Shareef was permitted to return to unrestricted practice. Furthermore, Ms Rollings submitted that Dr Shareef has not admitted any wrongdoing or provided any expression of remorse for his actions.

18. Ms Rollings referred the Tribunal to the area of the Guidance which addresses the question of whether the behaviour is likely to be repeated. She submitted that the five incidents relate to a wide span of time, from 2003 to 2008, and that this therefore represents a pattern of behaviour. She submitted that the Tribunal should consider the circumstances that gave rise to Dr Shareef's actions, particularly that these five separate incidents were instances of opportunism where he abused his position of trust. Ms Rollings also submitted that the Tribunal should consider what steps Dr Shareef has put in place to ensure that there is no repetition of the behaviour. She submitted that Dr Shareef's evidence suggests that he will request a chaperone during his consultations with female patients, but questioned the practicalities of such a measure. Furthermore, Ms Rollings submitted that despite the evidence of Dr Shareef's high character, he was still convicted of the offences and sentenced to 18 months in prison, serving a nine month sentence.

19. Ms Rollings submitted that Dr Shareef has been working in a similar environment as a doctor in Pakistan and that he has a certificate of good standing and positive references from his colleagues covering some of the time period since his erasure. However, she submitted that these references only speak of his clinical skills and do not address Dr Shareef's conviction. Ms Rollings submitted that it has been approximately nine years and six months

since Dr Shareef was erased from the medical register, but she submitted that whilst this is relevant, it does not mean that he no longer poses a risk. Furthermore, Ms Rollings submitted that an informed member of the public would be concerned if Dr Shareef were readmitted onto the medical register.

20. In relation to the amended version of the reflections, insight and remediation measures document that Dr Shareef put before the Tribunal, Ms Rollings submitted that the additional paragraphs apologising for his behaviour were added as an afterthought in response to her submissions rather than as a genuine attempt at insight. Ms Rollings submitted that Dr Shareef has sought to discredit some of the women he was convicted of sexually assaulting by attempting to have their sexual history admitted into court. She submitted that despite having been informed by his legal team that this was inappropriate, in the letter of appeal to the GMC, dated 17 May 2011, Dr Shareef again attempted to raise the complainants' sexual histories.

Dr Shareef's Written and Oral Evidence

21. Dr Shareef agreed to give evidence on oath by way of affirmation. He confirmed that his reflections (originally dated 12 October 2020) as amended and his further submissions, dated 16 November 2020, were true and that he relied upon them.

22. The Tribunal noted the contents of the documents. The reflection document in its original form concentrated on how the conviction and erasure had affected Dr Shareef. However, notwithstanding that he stated that he had *'done lots of self-reflection'*, nowhere in that document did he refer to what impact he understood his actions had upon his victims. Instead, Dr Shareef concentrated on his good clinical reputation; the lack of complaints from other female patients; and his determination always to have chaperones present for intimate examinations of female patients in the future. Moreover, the Tribunal took account of the fact that, in his appeal letter to the GMC, dated 17 May 2011, Dr Shareef criticised the Crown Court trial procedures and made disparaging references to some of his victims' backgrounds, which he then used to question their motives for giving evidence against him. The Tribunal also noted that many of these sentiments were repeated in his letter to the CCRC in July 2014.

23. In his oral evidence, Dr Shareef explained that: he was innocent of the criminal charges and could not now suddenly change his plea to admit them just to satisfy the requirements of the restoration process; and his attempts to appeal, both the Crown Court decision and the 2011 Panel's decision, were his legal entitlement. However, Dr Shareef eventually also said that: he accepted the jury's decision; he was not calling his victims liars;

he believed that they had misunderstood his actions and that he did not blame them; he had not been sexually motivated when he touched them inappropriately; he now regretted criticising his victims and their motives, and accepted it was wrong of him to do so; and he felt *'very sorry'* for his victims.

Closing Submissions on behalf of the GMC

24. Ms Rollings submitted that over nine years after his conviction, Dr Shareef continues to deny touching Patient A's labia and clitoris when she sought assistance with a urinary tract infection. Ms Rollings submitted that Dr Shareef cannot demonstrate genuine insight into his actions as he still does not understand what went wrong, he refuses to accept what he did was wrong, and he does not accept that he should have acted differently. Ms Rollings submitted that Dr Shareef's empathy for the complainants only extends to his belief that the patients had misconstrued his actions rather than any empathy for the effects of the inappropriate touching. Ms Rollings submitted that without the ability to accept what he did was wrong and accept he should have acted differently, Dr Shareef is unable to state why his future actions will be different.

25. Ms Rollings submitted that the Tribunal should consider that two of the patients were vulnerable women. She submitted that the consequences of the sexual assault on Patient D meant that she self-harmed after the incident because she was so distressed. Ms Rollings submitted that this emphasises that even if the Tribunal find there is a low risk of repetition in this case, the consequences of any such repetition of this behaviour are potentially significant.

26. Ms Rollings submitted that restoring Dr Shareef's name to the medical register would not meet the Tribunal's overarching objective. She submitted that if it was known to the public that Dr Shareef was allowed to return to practise having been convicted for five sexual assaults, this would damage the public's confidence in the medical profession. Ms Rollings submitted that it would have a profound impact on the five complainants who have suffered at the hands of Dr Shareef already and it would put future patients at risk.

Dr Shareef's Submissions

27. Dr Shareef began his submissions by stating that, as he denied his guilt at his criminal court proceedings, he should not now be asked to say that he was guilty of the offences in order to *'gain favour with the GMC'* as he maintains his innocence and would be committing perjury, which is another crime.

28. Dr Shareef submitted that he attempted to complete some courses, but was informed that as he had been found to be no longer a risk to the public such courses were not available to him. He referred to his references and submitted that he discussed the convictions in detail with his consultant colleagues and how to avoid any further complaints in the future. Dr Shareef submitted that he does not have an attitude problem and that his references attest to his good character and approachability.

29. Dr Shareef submitted that he is not trying to undermine what happened to the complainants. He submitted that the patients came to him for help and the result was that they were not satisfied and thought that he was gaining sexual gratification from his actions. Dr Shareef submitted that all the patients he was convicted of sexually assaulting were in their mid-thirties and forties. He submitted that if he were an opportunist searching for sexual gratification then he could have assaulted teenage patients as he had previously run a sexual health clinic for teenagers. He also submitted that he has completed cervical smears on female patients for years without incident.

30. Dr Shareef submitted that the prison service has completed psychological and risk assessments on him and has determined that he is no longer a risk. He submitted that upon returning to practice, under GMC guidelines, he would be required to work under direct supervision for at least a year as he would be returning to work after two years. Dr Shareef submitted that this will increase public confidence in the profession.

31. Dr Shareef submitted that he has been rehabilitated after serving his prison sentence for nine months and has not practised for 10 years in the UK. He submitted that he should be allowed to reintegrate into society and serve society. He submitted that public confidence would be restored in the profession as enough steps have been taken to ensure he is no longer a risk.

Relevant Legal Principles

32. This is an application for restoration to the register under section 41 of the Act. Section 41 (3A) provides that where an application is referred by the registrar to the MPTS it shall be determined by a Medical Practitioners Tribunal. Section 41 (12) provides that in exercising its function under this section, the Tribunal must have regard to the overarching objective.

33. The Tribunal bore in mind the legal advice provided by the legally qualified chair, in particular in relation to the test set out in *GMC v Chandra* [2018] EWCA Civ 1898, 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.’ The Tribunal noted that the burden is on Dr Shareef to satisfy the Tribunal that he is fit to return to unrestricted practice.

34. In its approach, and in accordance with the above legal principles, the Tribunal exercised its own judgement having regard to all the oral and documentary evidence presented to it, as well as the submissions made by Ms Rollings, on behalf of the GMC, and those made by Dr Shareef.

The Tribunal’s Decision

35. Throughout its consideration of Dr Shareef’s application for restoration, the Tribunal bore in mind the Guidance. The Tribunal took account of all the evidence before it, both oral and documentary. It has also considered the submissions made by Ms Rollings, on behalf of the GMC, and the evidence and comments made by Dr Shareef in support of his application.

36. In determining the application, the only options were to allow or refuse the application. The Tribunal noted that if it were to grant Dr Shareef’s return to practice, it could not impose any restrictions on his registration. In making its decision, the Tribunal considered the following factors:

- the circumstances that led to disciplinary erasure;
- whether the doctor has demonstrated insight into the matters that led to erasure;
- whether the doctor’s actions are capable of remediation;
- whether the findings about the doctor’s behaviour have been remedied;
- whether the previous findings about the doctor’s behaviour are likely to be repeated;
- whether restoration would satisfy the overarching objective.

The circumstances that led to disciplinary erasure

37. The Tribunal considered the background of this case, including the judge’s sentencing remarks, and the determinations of the 2011 Panel. It noted that it should not seek to go behind any of the findings made by the Crown Court or the 2011 Panel.

38. The Tribunal first considered the circumstances that led to Dr Shareef’s erasure, namely his conviction. The Tribunal noted that Dr Shareef pleaded not guilty before the Crown Court, meaning that the complainants had to testify in court. It noted that Dr Shareef unsuccessfully appealed his conviction. Furthermore, it noted that Dr Shareef sought to discredit the complainants in his case by referring to their sexual histories.

39. The 2011 Panel found that there had been five isolated instances of sexual assault, which demonstrated a reckless disregard for the principles of GMP. It found that Dr Shareef put his own interests above those of his patients and that he had persistent lack of insight into the seriousness of his actions or consequences.

40. The Tribunal therefore took into account the serious nature of Dr Shareef's wrongdoing, which had attracted a significant prison sentence of 18 months as well as erasure from the medical register.

Whether the doctor has demonstrated insight into the matters that led to erasure

41. In considering Dr Shareef's insight, the Tribunal had regard to the following area of the Guidance:

'B10 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 (...)

42. The Tribunal had regard to Dr Shareef's oral evidence. The Tribunal considered it clear that, since the 2011 Panel, Dr Shareef's insight into his conviction only appears to have very recently begun to develop and then only to a limited extent.

43. The Tribunal noted that Dr Shareef still maintains his innocence and accepted that he has a right to do so. However, it noted that at the beginning of this hearing, Dr Shareef continued to attack the complainants, attack the judicial process as unfair and complain about the negative impact his conviction has had on him rather than demonstrating any

reflection regarding the impact of his actions on his victims or upon the profession as a whole.

44. The Tribunal considered that as the hearing progressed, Dr Shareef did begin to demonstrate some developing insight. The Tribunal had regard to Dr Shareef's updated version of the reflections, insight and remediation measures document:

'I am extremely sorry and regretful for the distress caused to four of my female patients and one staff member; I wanted to whole heartedly apologize to these ladies for the distress caused to them but I was strictly forbidden by the police to contact them in any shape or form before or after my court trial and subsequent convictions.'

The Tribunal noted that in his oral evidence, when asked why a woman may not want to go to the police after being sexually assaulted, he was able to put himself in the complainant's position and satisfactorily explain why such a victim might be reluctant to report such a crime. However, the Tribunal was also concerned by Dr Shareef's comments that if he had wanted to obtain sexual gratification, he could have done this during his examinations with teenagers. Furthermore, the Tribunal was concerned that Dr Shareef's newly developing insight may have been a response to the GMC submissions.

45. The Tribunal could appreciate that Dr Shareef may well have been consumed during the last ten years, by his perception that he had been wrongly convicted and that he arrived at the hearing still gripped by this sense of injustice. It formed the view that it was only when listening to Ms Rollings' opening submissions (which made very detailed reference to the Guidance) that he began to appreciate that it was insufficient for him simply to argue that, as he had been assessed as 'low risk' by the prison authorities, he could return to practice on the basis of submitting to safeguards (such as the regular use of chaperones). The Tribunal considered that it was for these reasons that Dr Shareef amended his reflection document (originally dated 12 October 2020) making late apologies to his victims for his actions.

46. However, the Tribunal also noted that Dr Shareef's further submissions document, dated 16 November 2020 (prepared that evening), once again sought to refer to his attempts to challenge the verdict of the jury in 2010 despite also responding to Ms Rollings' opening submissions. The Tribunal took this as an example of Dr Shareef's somewhat confused approach to what was required when applying for restoration. It was only when Dr Shareef gave evidence on oath that he began confirming that he accepted the jury's decision and that he no longer blamed his victims (as set out above). In all these circumstances, the Tribunal determined that Dr Shareef has begun to demonstrate some insight, but at this stage it is very much in its infancy.

Whether the doctor's actions are capable of remediation

47. The Tribunal determined that it would be difficult (given that his conviction was for sexual assault), but not impossible for Dr Shareef to remediate through appropriate courses, reflection and evidence to demonstrate that he has addressed his opportunistic behaviour and to be able to understand how it occurred. However, it noted that it had limited evidence before it to address its concerns.

Whether the findings about the doctor's behaviour have been remedied

48. The Tribunal has received no evidence that Dr Shareef has attempted to remediate his actions. Whilst the Tribunal accepted that Dr Shareef has the right to maintain his innocence, it noted that Dr Shareef could have attended courses to address his behaviour or engaged in therapy to explore and address the opportunistic behaviour the judge referenced in his sentencing remarks. The Tribunal has not received any such evidence.

49. The Tribunal considered the various testimonials and references before it. It noted that the documents attested to Dr Shareef's clinical capabilities, but do not go into any detail regarding how he has sought to remediate his offending behaviour. As such, the Tribunal determined that it had no evidence that Dr Shareef has remediated his behaviour.

Whether the previous findings about the doctor's behaviour are likely to be repeated

50. The Tribunal noted that Dr Shareef has been assessed as being a low risk to the public and accepted the evidence of this assessment, notwithstanding it did not have the full report from the prison authorities before it. However, the Tribunal balanced this against the potential serious impact that the repetition of the behaviour could have. It determined that the potential impact was serious and considered alongside Dr Shareef's limited insight and lack of remediation, the Tribunal was concerned about the risk of repetition in this case.

Whether restoration would satisfy the overarching objective

51. Having considered the specific concerns about Dr Shareef's erasure and the factors set out above, the Tribunal went on to determine whether Dr Shareef is fit to practise and be restored to the medical register. The Tribunal carefully balanced its findings against whether restoring Dr Shareef to the medical register will meet the overarching objective. It noted paragraphs B35 to B50 of the Guidance and in particular paragraphs B35 and B36:

B35 Having considered the different factors above, the tribunal must make findings in relation to whether the doctor is fit to practise. The tribunal should then step back and balance its findings against whether restoration will meet our overarching objective. This balancing exercise will involve careful consideration of each of the elements.

B36 The overarching objective reflects the purpose of the professional regulation of doctors which is to protect the public. Tribunals must act in a way that:

a protects, promotes and maintains the health, safety and well-being of the public

b promotes and maintains public confidence in the profession, and

c promotes and maintains proper professional standards and conduct for members of the profession.'

52. The Tribunal considered that, in view of its findings that Dr Shareef's insight is in its infancy, that he has not remediated his wrongdoings and that there is a real risk of repetition, restoring him to unrestricted medical practice would not satisfy any of the requirements of the overarching objective.

53. The Tribunal considered it appropriate to comment specifically on the following paragraph of the Guidance:

'B49 Restoration is unlikely to meet the overarching objective if the doctor was erased for conduct that was of an exceptionally serious nature such as being convicted of the following types of criminal offence:

...

sexual offences involving children or adults with a mental disorder impeding choice. This could include the creation, possession or distribution of child sex abuse materials.'

The Tribunal noted that two of the five women involved in this case, Patient B and Patient D, had been identified as vulnerable patients by the Crown Court. However, the Tribunal determined that it had not received enough information regarding the patients' conditions to conclude that either had a mental disorder impeding choice.

54. The Tribunal determined that Dr Shareef continues to show limited insight into his conviction and as a result it is concerned as to the continuing risk of repetition, albeit a low

risk. The Tribunal has noted Dr Shareef’s positive steps in maintaining his medical knowledge and skills through his medical work in Pakistan, but determined that the lack of any remediation or robust insight into his conviction remains a key issue. The Tribunal was mindful that the onus is on Dr Shareef to show insight and to demonstrate that he is currently fit to practise medicine unrestricted. The Tribunal has not been provided with sufficient evidence nor has it been persuaded that the risks have been addressed. The Tribunal determined that a reasonable and informed member of the public would have no confidence in the medical profession or its regulator if Dr Shareef were permitted to return to unrestricted practice in these circumstances.

55. In all the circumstances, the Tribunal determined to refuse Dr Shareef’s application for restoration to the medical register.

56. The Tribunal appreciated that Dr Shareef can make a further application for restoration after a further year has elapsed from today. If Dr Shareef makes such an application, it would assist both him and a future Tribunal that he provides evidence, which demonstrates particularly that he has addressed the matters referred to in paragraph B10 of the Guidance. Moreover, details of his continuous professional development would also be of assistance.

57. That concludes this case.

Confirmed

Date 18 November 2020

Mr Robin Ince, Chair