

PUBLIC RECORD**Dates:** 28/03/2024 and 16/04/2024

Medical Practitioner's name: Dr Ahmed ELSHAFEY
GMC reference number: 7497814
Primary medical qualification: MB ChB 2004 Tanta University

Type of case **Outcome on impairment**
Review - Misconduct Impaired

Summary of outcome

Conditions, 12 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Ms Morag Rea
Lay Tribunal Member:	Ms Sarah McAnulty
Medical Tribunal Member:	Dr Shehleen Khan
Tribunal Clerk:	Ms Racheal Gill

Attendance and Representation:

Medical Practitioner:	Present, not represented
Medical Practitioner's Representative:	N/A
GMC Representative:	Ms Isobel Thomas, 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 Impairment - 28/03/2024

1. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Elshafey's fitness to practise is impaired by reason of misconduct.

Background

2. Dr Elshafey qualified in 2004 from Tanta University, Egypt. In November 2015 he joined the register of the General Medical Council ('GMC'), from March 2016 he worked at a hospital in Wales and on 1 April 2017 he took up a position as an Associate Specialist in Ophthalmology at Furness General Hospital ('the Hospital'). He held that position at the time of the events in 2020 and 2021 which are the subject of his substantive case.

3. Dr Elshafey's substantive case was initially considered by a Medical Practitioners Tribunal (MPT), at a hearing which took place 11 to 27 September 2023 ('the 2023 Tribunal'). Dr Elshafey was present and was not legally represented. The findings of the 2023 Tribunal can be summarised as follows.

4. On 28 February 2020, during a consultation with Patient A, Dr Elshafey was found to have made inappropriate remarks to Ms A in that he complimented her hair, told her that he really liked her and that he would like to be friends outside the hospital, or words to that effect. The 2023 Tribunal found that this was inappropriate conduct in pursuit of a personal and/or emotional relationship.

5. On 20 July 2021, during an appointment with Patient B, Dr Elshafey was found to have inappropriately touched and kissed her hand. The 2023 Tribunal also found that he had inappropriately commented on her pretty appearance and dress, and inappropriately hugged her.

6. The 2023 Tribunal considered that Dr Elshafey's actions towards both Patient A and Patient B were ill-judged and unprofessional and impermissibly crossed proper professional boundaries. He held a position of trust in relation to these female patients who were much younger than him. It was a failure on the part of the doctor to ensure that the proper doctor patient relationship was maintained. That in turn was apt to undermine public confidence in the profession. The 2023 Tribunal considered that fellow practitioners would consider his inappropriate conduct across these two incidents as falling seriously below the standards to be expected. In light of the factors set out above, the 2023 Tribunal determined that Dr Elshafey's actions towards Patient A and towards Patient B fell so far short of the standards to be expected as to amount to serious professional misconduct.

7. In or around Summer 2021, Nurse C had approached Dr Elshafey in his office with regards to wearing a facemask. The 2023 Tribunal found that Dr Elshafey inappropriately positioned himself in front of the clinic room door with the result that Nurse C could not leave. It found that he inappropriately told Nurse C that he would not move from the door until she told him how to wear a mask without his glasses steaming up or words to that effect. The 2023 Tribunal understood the stresses of a difficult clinical situation and accepted that Dr Elshafey already had a strained relationship with Nurse C. Nevertheless, his conduct towards Nurse C was inappropriate and he should have behaved more professionally. It determined that Dr Elshafey's conduct fell below the standards of Good Medical Practice (GMP) but did not amount to serious misconduct.

8. The 2023 Tribunal accepted that Dr Elshafey had gained some insight and had made some steps towards remediation but was not satisfied that his insight and remedial action adequately satisfied the regulatory concern. Dr Elshafey had frequently added excuses on to the end of his explanations about his conduct towards Patient A and Patient B and suggested that they each had a responsibility to look after themselves if they felt uncomfortable. The 2023 Tribunal considered that during the hearing he has indicated a mindset of seeking to blame someone else or blame external circumstances, rather than take full responsibility for his own actions.

9. The 2023 Tribunal considered that Dr Elshafey had breached a fundamental tenet of the profession, brought the profession into disrepute and that there was a real risk of this occurring again in the future. It concluded that a finding of impairment was necessary to maintain public confidence in the profession and to uphold professional standards. It

therefore determined that Dr Elshafey's fitness to practise was impaired by reason of misconduct.

10. The 2023 Tribunal determined to suspend Dr Elshafey's registration for five months to allow him sufficient time to remediate. It determined to direct a review of Dr Elshafey's case and stated that a future Tribunal might be assisted if Dr Elshafey's evidence at that stage were to include, but not be limited to, how he has translated his learning from the Course about his personal relationships into the professional context. It may also assist the reviewing Tribunal for him to provide reflections on the misconduct that was found proved, evidence of how he has internalised his learning and evidence of further CPD. Dr Elshafey will also be able to provide any other information that he considers will assist.

Today's Review Hearing

11. This is the first review of Dr Elshafey's case. He is present and not legally represented at this hearing.

The Evidence

12. The Tribunal has taken into account all the evidence received, both oral and documentary.

13. The Tribunal received documentary evidence which included but was not limited to:

- Record of Determination from the 2023 MPT hearing, dated 11 September 2023- 27 September 2023;
- Various correspondence from the MPTS and GMC to Dr Elshafey between November 2023 to February 2024;
- CPD Certificate of Medical Ethics Online course and various topics, dated 8 March 2024;
- CPD Certificate of Professional Relationships at Workplace course, mock assessment and answers, dated 26 February 2024;
- Dr Elshafey's Summary of compliance, dated 12 March 2024.

Oral evidence

14. Dr Elshafey gave oral evidence at this review hearing. He said that his process of learning was that he first took the courses, revised them and then took the tests. He

accepted that some questions in the mock exam were irrelevant to his misconduct in relation to Patient A and Patient B. He said that the Medical Ethics course was comprehensive and covered ethical and legal aspects that a doctor might encounter. He said that the chapter on 'Boundaries' was most relevant to him, and he recognised that his main problem was crossing boundaries between him and the patient. He also identified further problems such as his frustration, nervousness and passive energy and the ways he should not speak to his team. He said that this was because of his stress in his personal life.

15. He said that he wants to change his behaviour and develop further skills on social boundaries. He gave an example as to how he has been practising this in the mirror in order to improve on how he should respond to patients in consultations. He said he would focus on the patient consultation professionally and there would be no physical touch. He also said that in the hospital in Egypt, he observed colleagues and senior consultants to see how they dealt with patients. For example, one consultant told him that he has to be calm and instil trust in the patient and how he was able to observe the consultant taking permission from his patient on every single step of the consultation. He now understands the importance of thinking before speaking and ensuring that nothing is open to being misunderstood. He said he understood that it was his responsibility as a doctor to keep boundaries and maintain patient dignity. He said he took accountability for his actions, and he deserved his suspension. He expressed a desire to focus on professional kindness that was appropriate and preserved patient's dignity.

16. In response to questions from Tribunal members, Dr Elshafey told the Tribunal that he did not discuss the outcome of his hearing with anybody because he felt that it was unnecessary, and he didn't want to ruin his reputation in the hospital. However, he accepted that if he told one of his mentors in private about his misconduct that they would have helped and given him proper supervision.

17. Dr Elshafey said that he thinks about the impact on Patient A and Patient B every day. He said that he feels guilty for his actions, and he hopes that his actions did not cause permanent scars in their lives and hope that they will recover. He said that it was the patients' right to complain.

Submissions

On behalf of the GMC

18. Ms Thomas, Counsel, outlined the background and the specific circumstances of Dr Elshafey's case. She submitted that Dr Elshafey's fitness to practise remained impaired by reason of his misconduct.

19. Ms Thomas took the Tribunal to the evidence of various courses that Dr Elshafey has undertaken. She submitted that there was no evidence from Dr Elshafey to demonstrate that he had spent time to develop his insight and learning between the 2023 Tribunal in September and the end of February 2024. She highlighted that Dr Elshafey's courses have only been completed in the month before today's review hearing. She submitted that this suggested that Dr Elshafey had obtained various certificates as a way to demonstrate some remediation to the Tribunal, rather than taking genuine steps to remediate and gain insight into his misconduct. She submitted that Dr Elshafey has not internalised any learning he has undertaken.

20. In respect of the Professional Relationships at Workplace course, Ms Thomas submitted that there was no evidence as to how long that course took to complete or what the course entailed. She submitted that there were questions within the assessments that have little bearing on the misconduct that was proved against Dr Elshafey.

21. Ms Thomas submitted that Dr Elshafey's reflections on his misconduct was limited, in that he outlined what he has done to improve his general lifestyle, but not on the impact his misconduct had on patients. She submitted that Dr Elshafey should be looking at his behaviour in-depth and from every angle to properly analyse what needs to change.

Dr Elshafey's submissions

22. Dr Elshafey explained to the Tribunal that he tried his best to search for free CPD courses, but many were too expensive. He submitted that it took time and effort to internalise the courses, and that he has gained insight and has reflected and understood his misconduct.

23. Dr Elshafey accepted that his behaviour to Patient A and Patient B was too friendly, and his job is to treat patients and he should not cross boundaries. He said that this shameful behaviour will remain a dent in his personality.

24. Dr Elshafey submitted that he XXX, although he acknowledged that this was not an excuse for his behaviour. He submitted that he has to work on being XXX who can properly deal with people first. XXX.

25. Dr Elshafey submitted that the course on Professional Relationships at Workplace took him two weeks to complete and the Medical Ethics course took him a couple of months to understand and finish it. He submitted that being able to finish the tests in a short period was a good indication that he has understood and internalised those courses. He submitted that he is open to any advice from the Tribunal and the GMC to improve.

The Relevant Legal Principles

26. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practise.

27. This Tribunal must determine whether Dr Elshafey's fitness to practise is impaired today, taking into account Dr Elshafey's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

The Tribunal's Determination on Impairment

28. The Tribunal considered whether Dr Elshafey's fitness to practise is currently impaired by reason of his misconduct. In reaching its decision, it has taken account of his oral evidence, all the documentary evidence presented to it, and the submissions made.

29. The Tribunal had regard to the determination of the 2023 Tribunal, including what was clearly set out as to what would assist a future Tribunal at a review hearing. The Tribunal noted that the 2023 Tribunal had made clear that at today's review hearing the onus would be on Dr Elshafey to demonstrate how he has reflected on his actions, developed insight and taken steps to remediate.

30. In considering whether Dr Elshafey's insight has developed, it first bore in mind the 'Summary of compliance' document he provided. Although the Tribunal was of the view that there has been some development in Dr Elshafey's insight, it considered that development in

his written document to be limited. In particular, the document provided lacked any insight into the impact of his actions on Patient A and Patient B, on public confidence in the profession and patient safety. However, the Tribunal was mindful that Dr Elshafey was unrepresented at the 2023 Tribunal and at today's review, and English was not his first language. Therefore, it accepted that he may not be able to articulate himself as fully as he wished to in writing.

31. The Tribunal considered that Dr Elshafey's oral evidence to be more compelling evidence as to the extent of his insight. He had made sincere apologies to Patient A and Patient B, expressed shame for his misconduct, and he explained how he should have acted differently. It appeared to the Tribunal that he had demonstrated insight on his underlying behaviour and acknowledged how his actions would make people feel uncomfortable. The Tribunal noted that in his oral evidence, Dr Elshafey recognised how important it was to maintain boundaries and ask for permission during patient consultations by observing other clinicians. He also said how he would practice techniques in the mirror on how he should respond to patients. The Tribunal considered this to be positive steps towards internalising his learning and how he would apply that learning in a professional context.

32. The Tribunal also noted that Dr Elshafey had distinguished the impact of his actions from Patient A and Patient B. It considered that Dr Elshafey should not be drawing distinctions between the two patients, his answers were brief and lacked depth and he had not fully internalised his impact on Patient A and Patient B.

33. Dr Elshafey provided some explanation to this Tribunal that XXX at the time of the events. The Tribunal accepted that there have been challenges and he has now considered the XXX and taken steps to ensure he is not isolated XXX. The Tribunal considered this an important step in both insight and in mitigating the risk of repetition.

34. The Tribunal was mindful that Dr Elshafey had explained in oral evidence that he has not discussed his misconduct findings with other colleagues. He had the opportunity to speak to his senior consultant in Egypt, but he chose not to tell anyone. The Tribunal noted that Dr Elshafey had acknowledged that in hindsight this would have been beneficial, and his colleagues would have supported him. The Tribunal considered that had he done so he may also have been able to provide testimonials.

35. The Tribunal bore in mind the CPD that Dr Elshafey had provided, however it considered that although many elements of the training courses were not directly relevant to

his misconduct, there were transferrable lessons to be learned about professional boundaries and communication and it accepted the evidence he had given about the prohibitive cost of courses and the time he had spent studying and completing them.

36. The Tribunal went on to consider the risk of repetition. While it considered that Dr Elshafey had developed a better understanding of GMP and the fundamental tenets of the profession, his overall insight remained incomplete and evidence of remedial efforts were insufficient. It was not satisfied that Dr Elshafey had developed sufficient insight into his actions, the reasons behind them and the impact on Patient A and Patient B, that would sufficiently mitigate the risk in this case. Therefore, it was satisfied that there was risk of him repeating his misconduct.

37. In the circumstances, the Tribunal determined that the need to meet the overarching objective required a finding of impairment in order to protect the public and to maintain public confidence and to uphold standards in the medical profession.

38. This Tribunal has therefore determined that Dr Elshafey's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 16/04/2024

39. Having determined that Dr Elshafey's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to Dr Elshafey's registration.

The Evidence

40. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing where relevant to reaching a decision on what action, if any, it should take with regard to Dr Elshafey's registration.

41. The Tribunal had received further evidence on 28 March 2024 on behalf of Dr Elshafey which included proof of Dr Elshafey's stay in England such as flight and hotel bookings, and a UK immigration stamp.

Submissions

On behalf of the GMC

42. Ms Thomas, Counsel, referred the Tribunal to the appropriate paragraphs in the Sanctions Guidance (2020) ('SG') and submitted that the appropriate and proportionate sanction is a period of suspension.

43. Ms Thomas reminded the Tribunal to consider the aggravating features of the case, which were Dr Elshafey's lack of timely development of insight, abuse of professional position involving vulnerable patients and a degree of predatory behaviour. She submitted the following mitigating factors were present in Dr Elshafey's case; he appeared to have developed some insight, he has no previous findings of impairment, and he had personal stressors at the time.

44. Ms Thomas submitted that there are no exceptional circumstances in this case to justify the Tribunal taking no action. She submitted that, given the circumstances of this case and the Tribunal's findings on insufficient reflection and remedial work, conditions would not be the appropriate and proportionate sanction. She submitted that conditions would not be enough to protect the public interest in this case.

45. Ms Thomas reminded the Tribunal that it determined that Dr Elshafey's insight and remediation was still developing and there was a risk of repetition of misconduct. Although she acknowledged that Dr Elshafey has not been working since December 2021, so in effect, there has been no opportunity for repetition. She submitted that suspension was the appropriate response as serious action must be taken to protect members of the public and maintain public confidence in the profession.

Dr Elshafey's submissions

46. Dr Elshafey submitted that he agreed with the Tribunal's decision on impairment, namely that his words did not reflect enough insight on his 'despicable' actions towards Patient A and Patient B. He said that he cannot find the words to express his shameful actions, but he wished to express his apologies to them both. He said that he behaved unprofessionally, and he cannot minimise his actions.

47. Dr Elshafey invited the Tribunal to consider XXX. He also described the difficult situation of being away from his wife and children. XXX.

48. Dr Elshafey also acknowledged that his previous CPD work was not enough to satisfy the Tribunal, however they were the most affordable courses he could find in relation to doctor/patient relationships and professional boundaries.

49. Dr Elshafey submitted that he has been practising medicine since 2005 and he has worked in various other countries and there was no single incident of any similar misconduct.

50. Accordingly, Dr Elshafey submitted that the Tribunal should lift the suspension on his registration so he can continue working and mend his professional relationships. Dr Elshafey submitted that he could find suitable work to allow him to finance further training courses and he could keep the GMC up to date about what he was doing.

The Tribunal's Determination

51. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement. Throughout its deliberations, the Tribunal considered the statutory overarching objective, and the relevant sections of the Sanctions Guidance.

52. In deciding what sanction, if any, to impose, the Tribunal reminded itself that it must consider each of the sanctions available, starting with the least restrictive, to establish which is appropriate and proportionate in this case. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Elshafey's interests with the public interest. It kept in mind that the purpose of a sanction was not to be punitive, but to protect patients and the wider public interest, although the sanction may have a punitive effect.

Aggravating and mitigating factors

53. Before considering what action, if any, to take in respect of Dr Elshafey's registration, the Tribunal first considered the aggravating and mitigating factors present and referred itself to its findings on impairment.

54. The Tribunal found the following to be aggravating factors in this case:

- Dr Elshafey had not demonstrated timely development of full insight. The Tribunal considered his written reflections were limited. Further, he had chosen not to discuss his misconduct findings with other colleagues, although he acknowledged that this would have been beneficial, and his colleagues would have supported him.
- The CPD evidence that Dr Elshafey provided at this review hearing was not as targeted towards his misconduct as the Tribunal would have liked. However as indicated in its impairment determination, the Tribunal accepted that there were transferrable lessons learned about professional boundaries and communication.

55. Having identified the aggravating factors in the case, the Tribunal identified the following mitigating factors:

- As indicated in its determination on impairment, the Tribunal found that Dr Elshafey provided compelling oral evidence at the hearing as to his developing insight into his misconduct, including why it is wrong and how to avoid it in the future. He has taken full responsibility for his actions, and he has acknowledged the seriousness of his misconduct.
- Dr Elshafey has demonstrated genuine remorse and expressed sincere apologies through the Tribunal to Patient A and Patient B for his actions.
- Dr Elshafey had a previously unblemished professional record with no prior fitness to practise findings against him.
- The Tribunal accepted that Dr Elshafey had been experiencing some personal stressors at the time of the events and during his suspension period.

No action

56. In coming to its decision as to the appropriate sanction, the Tribunal first considered whether to conclude the case by taking no action. It reminded itself that there should be exceptional circumstances to justify taking no action where a finding of impairment has been made.

57. The Tribunal considered that there were no exceptional circumstances to justify taking no action in this case. It determined that it would be neither sufficient, proportionate nor in the public interest, to conclude this case by taking no action.

Conditions

58. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Elshafey's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable. It had regard to paragraphs 81 to 85 of the SG which indicate the cases in which conditions might be appropriate.

59. The Tribunal noted that its concerns regarding Dr Elshafey's current fitness to practise related to his communication, relationships and professional boundaries with patients. The Tribunal had already found that Dr Elshafey's insight into his misconduct has improved. It was of the view that Dr Elshafey has demonstrated that he is capable of reflecting on his conduct and the impact that it had had on patients and the medical profession as a whole.

60. The Tribunal also noted that Dr Elshafey had taken steps to remediate his misconduct, and that there was evidence that Dr Elshafey was capable of engaging with the learning process and that any further remediation is likely to be successful. The Tribunal was satisfied that there were identifiable areas of Dr Elshafey’s practice that require improvement and could be addressed with an order of conditions. It took into account that Dr Elshafey had sought out and undertaken some online training and boundaries courses. Dr Elshafey had told the Tribunal during his oral evidence on the 28 March 2024 regarding the need for professional boundaries and how he had shadowed his colleagues and adopted communication techniques which he could put into practice. It was satisfied that, during a period of conditional registration, Dr Elshafey could demonstrate how he has maintained his professionalism.

61. The Tribunal bore in mind the GMC’s submission that suspension was the appropriate sanction in this case. However, the Tribunal considered that if it determined to suspend Dr Elshafey’s registration for a further period, its concerns were unlikely to be successfully addressed.

62. The Tribunal considered that conditions would appropriately address and mitigate the risk of Dr Elshafey repeating his misconduct.

63. Given all the matters already outlined, the Tribunal determined that a further period of suspension would be disproportionate as the concerns relating to Dr Elshafey’s practice could be managed with the imposition of a further period of conditional registration.

64. The Tribunal considered that conditions would satisfy the overarching objective.

Length of the Order

65. In considering the length of the conditions imposed on Dr Elshafey’s registration, the Tribunal had regard to its earlier findings and the guidance set out in the SG. Furthermore, the Tribunal took into account the importance of balancing the public interest with the interests of Dr Elshafey.

66. The Tribunal concluded that it was appropriate, necessary and proportionate to impose conditions on Dr Elshafey’s registration for a period of 12 months. The Tribunal considered that this was a sufficient amount of time for Dr Elshafey to find suitable employment and to satisfactorily address its concerns in relation to relationships and professional boundaries with colleagues and patients.

67. Furthermore, the Tribunal noted that Dr Elshafey has been out of touch with UK practice for over two years, and he should take the time and effort to familiarise himself with the updated edition of Good Medical Practice 2024 so he can be confident of the standards of care and behaviour required.

68. The Tribunal has concluded that the following conditions set out below are to be imposed on Dr Elshafey's registration. The following conditions are public and will be published:

1. He must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:

- a the details of his current post, including:
 - i his job title
 - ii his job location
 - iii his responsible officer (or their nominated deputy)
- b the contact details of his employer and any contracting body, including his direct line manager
- c any organisation where he has practising privileges and/or admitting rights
- d any training programmes he is in
- e of the contact details of any locum agency or out of hours service he is registered with.

2. He must personally ensure the GMC is notified:

- a of any post he accepts, before starting it
- b that all relevant people have been notified of his conditions, in accordance with condition C8
- c if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings

- d if any of his posts, practising privileges or admitting rights have been suspended or terminated by his employer before the agreed date within seven calendar days of being notified of the termination
 - e if he applies for a post outside the UK
3. He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.
4. a He must have a workplace reporter appointed by his responsible officer (or their nominated deputy).
- b He must not work until:
- i his responsible officer (or their nominated deputy) has appointed his workplace reporter
 - ii he has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter.
5. a He must design a personal development plan (PDP), with specific aims to address the deficiencies in the following areas of his practice.
- Relationships and professional boundaries with patients .
 - Demonstration of how he’s maintaining his well-being.
 - Consideration of verbal and non-verbal communication with colleagues and patients.
- b His PDP must be approved by his responsible officer (or their nominated deputy)
- c He must give the GMC a copy of his approved PDP within three months of these substantive conditions becoming effective.
- d He must give the GMC a copy of his approved PDP on request.
- e He must meet with his responsible officer (or their nominated deputy), as required, to discuss his achievements against the aims of his PDP.
6. He must not work in any locum post or fixed term contract of less than 1 month duration.

7. He must have a mentor who is approved by his responsible officer (or their nominated deputy).
8. He must personally ensure the following persons are notified of the conditions listed at 1 to 7:
 - a his responsible officer (or their nominated deputy)
 - b the responsible officer of the following organisations:
 - i his place(s) of work, and any prospective place of work (at the time of application)
 - ii all his contracting bodies and any prospective contracting body (prior to entering a contract)
 - iii any organisation where he has, or has applied for, practising privileges and/or admitting rights (at the time of application)
 - iv any locum agency or out of hours service he is registered with.
 - v If any of the organisations listed at (i to iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify this person, he must contact the GMC for advice before working for that organisation.
 - c his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

Review

69. The Tribunal determined to direct a review of Dr Elshafey's case. A review hearing will convene shortly before the end of the period of conditional registration. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Elshafey to demonstrate how he has complied with his conditions, how he has remediated and developed further insight. It therefore may assist the reviewing Tribunal if Dr Elshafey provides:

- A copy of his PDP and written reflections on his learning in respect of his PDP.

- Written personal reflection and insight on the impact of his actions on Patient A and Patient B, on public confidence in the profession and patient safety.
- Testimonials from colleagues regarding his professionalism with reference to his MPT proceedings.
- Dr Elshafey will also be able to provide any other information that he considers will assist.

70. The Tribunal have directed to impose conditions on Dr Elshafey's registration for a period of 12 months. The MPTS will send Dr Elshafey a letter informing Dr Elshafey of his right of appeal and when the direction and the new sanction will come into effect. The current order of suspension will remain in place during the appeal period.

ANNEX A – 28/03/2024

Adjournment and extension of current sanction

1. Due to the lateness of the hour and there being insufficient time for the Tribunal to conclude Dr Elshafey's case, the Tribunal determined that it was necessary to adjourn the hearing to reconvene at a later date. The Tribunal took account of paragraph 170 of the Sanctions Guidance (November 2020) (the SG) which states:

'170 Where a review hearing cannot be concluded before the conditional registration or suspension expires, the tribunal can extend it for a short period. This would allow for re-listing of the review hearing as soon as practicable and to maintain the status quo before the outcome of the review hearing.'

2. The Tribunal has identified 16 April 2024 as the soonest possible time that all Tribunal members and parties can reconvene. This date has been confirmed by the MPTS Case Management Team.

3. The Tribunal noted that the current suspension of Dr Elshafey's registration is due to expire on 1 April 2024. It invited submissions from parties as to whether it is necessary to extend the current order of suspension in accordance with section 35D(5)(a) of the Medical Act 1983 and Rule 22(5) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules').

4. Ms Thomas submitted that the Tribunal should extend the suspension order to cover the reconvened date. Dr Elshafey submitted that he humbly disagreed with the GMC's submission, and he wished to propose a more supportive solution that would enable him to earn an income and access more suitable, detailed and expensive courses. The Tribunal invited him to make those submissions at sanction stage if he wished to.

5. The Tribunal noted that both parties conceded that the hearing could not be concluded today and acknowledged that it was necessary for public protection, and in the public interest and was proportionate in this case for the order of suspension to be extended for a period of 3 weeks until 22 April 2024.