

PUBLIC RECORD

Dates: 01/03/2021 - 02/03/2021

Medical Practitioner's name: Dr Anjali CHAR

GMC reference number: 7486062

Primary medical qualification: MB BS 2015 University of London

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Impaired

Summary of outcome
Suspension, 3 months.

Tribunal:

Legally Qualified Chair	Mr Sean Ell
Lay Tribunal Member:	Ms Gail Mortimer
Medical Tribunal Member:	Dr Zaheer Khonat
Tribunal Clerk:	Mr John Poole

Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Ms Laura Stephenson, Counsel, instructed by Hempsons Solicitors
GMC Representative:	Ms Rebecca Vanstone, 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 Facts and Impairment - 02/03/2021

Background

1. Dr Char qualified in 2015 from the University of London and then went on to complete her foundational training. At the time of the events which are the subject of this hearing she was undertaking Core Medical Training at Whipps Cross Hospital ('the Hospital'), part of Barts Health NHS Trust ('the Trust').
2. As part of Dr Char's training at the Hospital, she undertook a placement in Endocrinology in 2019. It is alleged that while on this placement, on 8 March 2019, she told a Core Medical Training Panel that she had passed Part 1 of the Membership of the Royal College of Physicians of the United Kingdom ('MRCP(UK)') Part 1 Examination ('the Examination').
3. It is further alleged that on 2 May 2019, Dr Char told her Training Programme Director that she would upload her pass certificate in regard to the Examination. Moreover, that she had contacted the MRCP(UK) and that they were updating their records to reflect that she had passed the examination. It is also alleged that Dr Char provided a copy of a letter from MRCP(UK) and details of performance, which she had forged.
4. It is the GMC's case that Dr Char knew she had not passed the Examination and that her course of conduct thereafter was dishonest.

The Allegation and the Doctor's Response

1. While you were an Endocrinology Core Trainee Year 1 at Whipps Cross University Hospital you:
 - a. on or around 8 March 2019 told a Core Medical Training Panel that you had passed the Membership of the Royal College of Physicians of the United Kingdom ('MRCP(UK)') Part 1 Examination ('the Examination'); **Admitted and found proved**
 - b. on or around 2 May 2019 told Dr A that:

- i. you would upload the Examination certificate; **Admitted and found proved**
 - ii. you had contacted the MRCP(UK); **Admitted and found proved**
 - iii. the MRCP(UK) was updating their records to reflect that you passed the Examination; **Admitted and found proved**
- c. emailed Dr A on 7 May 2019:
- i. saying that:
 - 1. you had contacted MRCP(UK) on:
 - i. 3 May 2019; **Admitted and found proved**
 - ii. 7 May 2019; **Admitted and found proved**
 - 2. the MRCP(UK) had taken your details and would contact you back; **Admitted and found proved**
 - ii. enclosing a copy of a:
 - 1. letter from the MRCP(UK) dated 7 October 2018; **Admitted and found proved**
 - 2. Details of Performance document. **Admitted and found proved**
- 2. You had not passed the Examination. **Admitted and found proved**
 - 3. You knew you had not passed the Examination. **Admitted and found proved**
 - 4. Your actions as described at paragraphs 1(a), (b)i and (b)iii were dishonest by reason of paragraphs 2 and 3. **Admitted and found proved**
 - 5. You forged the documents described at paragraph 1(c)ii. **Admitted and found proved**
 - 6. Your actions as described at paragraph 1(c)ii were dishonest by reason of paragraph 5. **Admitted and found proved**
 - 7. You had not contacted the MRCP (UK). **Admitted and found proved**
 - 8. Your actions as described at paragraph 1(b)ii, 1(b)iii and 1(c)i were dishonest by reason of paragraph 7. **Admitted and found proved**

The Admitted Facts

5. At the outset of these proceedings, through her counsel, Ms Laura Stephenson, Dr Char admitted to the entirety of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs of the Allegation as admitted and found proved.

Impairment

6. In light of Dr Char's admissions to the Allegation made against her, the Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts found proved, Dr Char's fitness to practise is impaired by reason of misconduct.

Witness Evidence

7. The Tribunal received evidence on behalf of the GMC in the form of a witness statement from Dr A, Consultant in Diabetes and Endocrinology at the Hospital and Royal College Tutor and Core Medical Training Programme Director ('TPD') for the Hospital.
8. In her witness statement, Dr A explained that in her role as TPD she met with Dr Char frequently and that on 8 March 2019, when on the CMT panel, she met with Dr Char for an interim review during which Dr Char falsely stated that she had passed the Examination. On a number of subsequent occasions Dr Char confirmed that she had passed the Examination when she had not before providing a false certificate showing that she had passed the Examination.
9. Dr Char provided her own witness statement dated 6 February 2021 and gave oral evidence at the hearing. During her evidence Dr Char apologised for her actions and stated that she was stressed at the time and operating under enormous pressure and was not thinking rationally.

Documentary Evidence

10. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:
 - Email from Dr Char to Dr A enclosing exam result letter, 7 May 2019
 - Exam results letter, 7 October 2018
 - Email from MRCP(UK) confirming exam result, 16 May 2019
 - Email from Dr Char to Dr B, 22 May 2019
 - Email from Dr Char to Dr A and enclosed letter, 11 June 2019
 - Trainee Support Meeting Minutes, 16 June 2019
 - Dr Char's reflective statement

- Dr Char’s Curriculum Vitae
- Various multisource feedback from 2018-2019 and 2019-2020
- Letter from Professional Support Unit, 14 June 2019
- Dr Char’s Reflection on Coaching Sessions, 2019-2020
- MRCP Exam Results
- Certificate of Attendance, Maintaining Professional Ethics, 21-23 July 2020
- Various testimonials in support of Dr Char.

Submissions

GMC submissions

11. At the outset of her submissions, Ms Vanstone reminded the Tribunal of the statutory overarching objective as defined in the Sanctions Guidance (November 2020 version) (‘SG’) which is to:

- a) protect and promote the health, safety and wellbeing of the public
- b) promote and maintain public confidence in the medical profession
- c) promote and maintain proper professional standards and conduct for the members of the profession

She submitted that limbs b and c were engaged in this case.

12. Ms Vanstone submitted that Dr Char had breached paragraphs 65 and 66 of Good medical practice (‘GMP’) and that these breaches amount to misconduct. She submitted that whilst there is no suggestion that Dr Chair poses a risk to patients, a finding of impairment is necessary in the wider public interest.

13. Ms Vanstone reminded the Tribunal of the guidance set out in the case of *CHRE v NMC and Paula Grant [2011] EWHC 927 Admin (‘Grant’)*, which cites Dame Janet Smith in the Fifth Shipman report, where she identified the following as an appropriate test for considering impairment of a doctor’s fitness to practise:

‘Do our findings of fact in respect of the doctor’s misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:

a. has in the past acted and/or is liable in the future to act so as to put patient or patients at unwarranted risk of harm; and/or

b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or

c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

She submitted that b – d of the above are particularly relevant in this case.

14. Ms Vanstone submitted that Dr Char's misconduct consisted of repeated incidents of dishonesty. The dishonesty was not just a "kneejerk reaction" but was maintained and continued over a period of two months and involved a forgery of documentation to support her account. In addition, Ms Vanstone invited the Tribunal to consider the following paragraph of the SG:

124. Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty.

15. Ms Vanstone submitted that, in all the circumstances, Dr Char's fitness to practise is impaired by reason of misconduct and a finding of impairment is necessary to promote and maintain public confidence in the medical profession and promote and maintain proper professional standards and conduct for the members of the profession.

Submissions on behalf of Dr Char

16. Ms Stephenson submitted that Dr Char accepts that what she did amounts to misconduct. She also submitted that it is accepted that a finding of impairment is necessary to mark the seriousness of the misconduct and to uphold the public interest.
17. Ms Stephenson invited the Tribunal to consider Dr Char's reflective statement and the oral evidence she gave to the Tribunal. Ms Stephenson submitted that Dr Char has given a sincere apology for her actions, deeply regrets what she has done, and has a real appreciation as to the gravity of her misconduct and how it has impacted on her colleagues and the doctor-patient relationship.
18. Ms Stephenson submitted that Dr Char has full insight into her misconduct and that there is no risk of repetition. She submitted that Dr Char has participated in a coaching programme and undertaken a 3-day ethics course and is now more open with her supervisors and colleagues. Ms Stephenson submitted that Dr Char has developed strategies and is now much less likely to reach "breaking point" and if she finds herself in stressful circumstances again, she is very unlikely to be dishonest. Ms Stephenson submitted that Dr Char's actions were out of character and that there has been nothing

else like this since she began her foundation training. Ms Stephenson also invited the Tribunal to consider the positive testimonials provided in support of Dr Char.

The Relevant Legal Principles

19. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.
20. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts found proved amounted to misconduct, and then whether that misconduct could lead to a finding of impairment.
21. The Legally Qualified Chair reminded the Tribunal of the guidance set out in *Grant* as referred to by Ms Vanstone. He also reminded the Tribunal of the principles set out in *GMC v Nwachuku* [2017] EWHC 2085 Admin. In particular, that '*it will be an unusual case where dishonesty is not found to impair fitness to practise*'.

The Tribunal's Determination on Impairment

Misconduct

22. The Tribunal first considered whether the facts found proved amounted to misconduct.
23. The Tribunal had regard to the nature of Dr Char's dishonesty. The dishonesty was maintained and continued over a period of two months. It involved Dr Char being dishonest to Dr A in their meeting and the lie perpetuated thereafter in various emails, culminating in Dr Char providing a forged certificate. Dr Char forged the certificate to give the impression that she had passed the Examination when she had not.
24. The Tribunal had regard to GMP and considered that Dr Char breached the following paragraphs:

65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.

66 You must always be honest about your experience, qualifications and current role.

68 You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.
25. The Tribunal determined that Dr Char's dishonesty breached a fundamental tenet of, and undermined confidence in, the profession. The Tribunal concluded that fellow

practitioners would consider her conduct to be deplorable and therefore found her dishonest behaviour was serious and amounted to misconduct.

Impairment

26. The Tribunal having found that the facts found proved amounted to misconduct, went on to consider whether, as a result of that misconduct, Dr Char's fitness to practise is currently impaired.
27. The Tribunal acknowledged that dishonesty is difficult but not impossible to remediate. It also bore in mind that in order to remediate, a doctor must have insight.
28. The Tribunal determined that Dr Char does have insight into her misconduct. She has accepted that she should have behaved differently and apologised immediately to both Dr A and the MRCP(UK) when her dishonesty became known. Dr Char has undergone a maintaining professional ethics course and has reflected upon why she acted in the way that she did. The Tribunal was satisfied that Dr Char has taken appropriate steps to help manage stressful situations should they arise in the future; for example, by being more open with her supervisors. Importantly, she has not acted dishonestly since the incident in question and her supervisors speak positively about her behaviour in the testimonials they have provided. Taking everything into consideration, the Tribunal was satisfied that Dr Char has remediated her failings to the extent that it is unlikely her misconduct would be repeated in the future.
29. However, the Tribunal considered that whilst Dr Char has insight and remediated her misconduct to the extent where the risk of repetition is low, the nature of the misconduct is so serious that public confidence in the profession would be undermined if a finding of impairment were not made given the nature and extent of her dishonesty.
30. The Tribunal therefore determined that Dr Char's fitness to practise is impaired by reason of misconduct. Such a finding is necessary in order to promote and maintain public confidence in the medical profession and promote and maintain proper professional standards and conduct for the members of the profession.

Determination on Sanction - 02/03/2021

1. Having determined that Dr Char's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

2. The Tribunal has taken into account evidence received during the earlier stages of the hearing, where relevant, in reaching a decision on sanction.

Submissions

GMC submissions

3. On behalf of the GMC, Ms Vanstone submitted that the appropriate and proportionate sanction in Dr Char's case was one of suspension.
4. Ms Vanstone submitted that there are no exceptional circumstances to justify taking no action and that, given the dishonesty in this case, an order of conditions would not be appropriate or workable.
5. Ms Vanstone submitted that Dr Char's dishonesty was serious, persistent, and continued for 2 months, up to a point at which it could no longer be maintained. She referred the Tribunal to the relevant paragraphs of the SG in relation to dishonesty. In particular, she reminded the Tribunal of paragraph 124:

124 Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty.

6. Ms Vanstone referred the Tribunal to paragraph 128 of the SG which states that dishonesty, if persistent and/or covered up, is likely to result in erasure. However, she submitted that in light of Dr Char's insight and remediation, a sanction of erasure was not necessary and would be disproportionate. She invited the Tribunal to consider the following paragraphs of the SG, which she submitted might indicate suspension was the appropriate sanction:

93 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...

97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.

a A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.

e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor’s unwillingness to engage.

f No evidence of repetition of similar behaviour since incident.

g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.

Submissions on behalf of Dr Char

7. On behalf of Dr Char, Ms Stephenson submitted Dr Char is a young doctor who made a mistake by telling a lie which she then repeated and which “snowballed”. She submitted that Dr Char has reflected on her misconduct for two years and offers no excuse for what she did. She takes full responsibility for the possible consequences of her actions.
8. Ms Stephenson invited the Tribunal to consider the mitigating circumstances in Dr Char’s case. She submitted that all the examples of mitigating factors, as listed in the SG, are applicable in this case. She reminded the Tribunal of Dr Char’s insight, efforts to remediate and the finding of the Tribunal that the risk of repetition was low.
9. In addition, Ms Stephenson submitted that Dr Char is adhering to important principles of good practice. She took the Tribunal through the testimonials provided in support of Dr Char and drew the Tribunal’s attention to the following quotes:

‘Dr Char has otherwise been an excellent trainee. She has fore filled [sic] all curricular requirements and has gained positive multi-consultant reports and multisource feedback. She has now passed the full MRCP(UK) examination. She achieved an ‘outcome 6’ at her ARCP on 5/2/21 meaning she has achieved all required competencies’

– Dr C, Head of School of Medicine and Medical Specialities, HEE London Officer

‘Dr Char has applied herself diligently to her medical training, she is passionate about medicine. She is intellectually curious and strives to ensure she has the most up to date knowledge for her patients. In striving to do the best for patients she holds herself to extremely high standards.

‘...Dr Char is an excellent colleague. She is trustworthy, nurturing and responsible... I have no concerns about Dr Chars honesty and Integrity.’

-Dr D, Consultant in Critical Care Medicine and Anaesthesia

‘I have found Dr Char to be a highly competent and motivated Core Medical Training doctor...

She has now successfully completed Core Medical Training programme including passing all parts of the MRCP exam. This has been a tremendous personal and professional accomplishment...

My own observations of Dr Char have included a hugely talented training doctor with focus on personal and professional development, trusted and respected by colleagues and supporting other members of the multi-professional team. I sincerely hope Dr Char will be allowed to continue with medical training and she will be an asset to any future clinical team.'

-Dr E, Consultant Cardiologist

10. Ms Stephenson submitted that the testimonials reflect the level of esteem in which Dr Char is held by the experienced consultants who have directly supervised and worked with her.
11. Ms Stephenson invited the Tribunal to consider the stage of Dr Char's career as a mitigating factor and submitted that it has been a steep learning curve for Dr Char. She also noted the lapse of time since the misconduct and that there has been no repetition.
12. Ms Stephenson submitted that Dr Char is a good doctor with a lot to offer. She submitted that Dr Char has learned her lesson and invited the Tribunal to impose a short period of suspension. This, along with the finding of impairment, would be sufficient to mark the gravity of the misconduct and uphold public confidence. Ms Stephenson reminded the Tribunal that there is a public interest in Dr Char being able to return to work, particularly at a time when the NHS is under pressure due to the ongoing pandemic.

The Tribunal's approach

13. The decision as to the appropriate sanction to impose, if any, is a matter for the Tribunal exercising its own judgement.
14. In reaching its decision, the Tribunal has taken account of the SG and the overarching objective. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Char's interests with the public interest. The Tribunal also bore in mind that the purpose of sanctions is not to punish a doctor but to protect patients and the wider public interest, although the sanction may have a punitive effect.

The Tribunal's Determination on Sanction

Aggravating and Mitigating Factors

15. The Tribunal first considered the aggravating and mitigating factors in Dr Char's case.

16. The Tribunal considered the nature and extent of Dr Char’s dishonesty to be an aggravating factor. The dishonesty was sustained over a period of two months and escalated to the forgery of an exam certificate purported to be from others.
17. The Tribunal identified the following mitigating factors:
- Dr Char has significant insight into her misconduct.
 - She has expressed regret and remorse and apologised for her dishonesty at the earliest opportunity.
 - She made full admissions to the Allegation.
 - She has undertaken targeted and meaningful remediation and the risk of her repeating her dishonesty is low. The Tribunal was satisfied that Dr Char has been applying what she has learnt from her personal coaching sessions in how to manage pressure. It noted, as an example, that she sought time off work in order to focus on her exams so as to avoid putting herself in an overly stressful situation unnecessarily.
 - the lapse of time since the conduct occurred and that there has been no repetition of the misconduct.
 - the positive testimonials in support of Dr Char.

No action

18. In coming to its decision as to the appropriate sanction, the Tribunal first considered whether to conclude the case by taking no action. The Tribunal reminded itself that there should be exceptional circumstances to justify taking no action where a finding of impairment has been made.
19. The Tribunal considered that there were no exceptional circumstances to justify taking no action in this case. It determined that, given the serious nature of the Tribunal’s findings on impairment, it would neither be sufficient, proportionate nor in the public interest, to conclude this case by taking no action.

Conditions

20. The Tribunal then considered whether it would be sufficient to impose conditions on Dr Char’s registration.
21. The Tribunal considered that, given the nature of Dr Char’s dishonesty, conditions would not be appropriate to mark the seriousness of Dr Char’s misconduct or uphold the public interest.

Suspension

22. The Tribunal then went on to consider whether imposing a period of suspension on Dr Char’s registration would be appropriate and proportionate. It reminded itself that a sanction of suspension can have a deterrent effect and can be used to send out a signal

to the doctor, the profession and the public about what it regarded as behaviour unbecoming a registered doctor.

23. The Tribunal considered the following paragraphs of the SG to be relevant in Dr Char's case:

92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).

97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.

- a) A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.
- f) No evidence of repetition of similar behaviour since incident.
- g) The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.

24. In all the circumstances the Tribunal was satisfied that Dr Char's misconduct does fall short of being fundamentally incompatible with continued registration. Given the mitigating factors already identified and the factors listed at 97a,f and g of the SG, erasure would be disproportionate and deprive the public of an otherwise competent doctor. The Tribunal determined, therefore, that a period of suspension was the appropriate and proportionate sanction.
25. The Tribunal then considered the appropriate period of suspension. In so doing, it took account of the nature of Dr Char's dishonesty and the need to demonstrate clearly to her, the profession and the public that such behaviour is unacceptable. Taking all matters into consideration, the Tribunal determined that a period of three months suspension was appropriate and proportionate and would sufficiently mark the seriousness of Dr Char's misconduct.
26. The Tribunal determined that a period of three months suspension would be sufficient to promote and maintain public confidence in the medical profession and promote and maintain proper professional standards and conduct for the member of the profession.

27. The Tribunal considered whether to direct a review in this case. It had regard to the significant remediation already completed by Dr Char and her level of insight. There are no patient safety concerns and her skills and knowledge are unlikely to deteriorate in a period of three months. The Tribunal considered, therefore, that a review hearing was not necessary.
28. The effect of this direction is that, unless Dr Char exercises her right of appeal, her name will be suspended from the Medical Register for a period of three months with effect from 28 days from when written notice of this determination has been served upon her.

Determination on Immediate Order - 02/03/2021

1. Having determined to impose a period of suspension on Dr Char's registration, the Tribunal has now considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Char's registration should be subject to an immediate order.
2. On behalf of the GMC, Ms Vanstone did not make an application for an immediate order and informed the Tribunal that there is no interim order on Dr Char's registration.
3. On behalf of Dr Char, Ms Stephenson made no submissions in relation to an immediate order.

The Tribunal's Determination

4. The Tribunal had regard to paragraphs 172-178 of the SG which advise when an immediate order may be necessary.
5. The Tribunal considered that given there are no clinical concerns in this case, an immediate order of suspension is not necessary to protect the public. The Tribunal also considered that an immediate order is not necessary to protect the public interest which is served by the finding of impairment and the substantive sanction of suspension for a period of three months.
6. This means that Dr Char's registration will be suspended 28 days from today unless she lodges an appeal. If Dr Char does lodge an appeal she will remain free to practise unrestricted until the outcome of any appeal is known.
7. That concludes the case.

Confirmed

Date 02 March 2021

Mr Sean Ell, Chair