

Dates: 09/09/2019 - 12/09/2019

Medical Practitioner's name: Dr Balvinder MEHAT
GMC reference number: 2932198
Primary medical qualification: MB ChB 1984 University of Bristol

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

Summary of outcome

Suspension, 1 month

Tribunal:

Legally Qualified Chair	Mr Leighton Hughes
Lay Tribunal Member:	Ms Elisabeth Smith
Medical Tribunal Member:	Dr Farhan Munawar
Tribunal Clerk:	Mr Michael Murphy

Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Anthony Haycroft, Counsel, instructed by Mr Alistair Hewitt RLB
GMC Representative:	Mr Charles Garside, QC

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

Record of Determinations – Medical Practitioners Tribunal

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/impairment - 10/09/2019

Background

1. Dr Mehat qualified in 1984 from the University of Bristol. Prior to the events which are the subject of the hearing, he undertook House Officer posts in Bristol and Weston Super Mare before carrying out General Practitioner (GP) training between February 1986 and February 1989. At the time of the events Dr Mehat was practising as a GP at the Bakersfield Medical Centre (the Practice), Nottingham. Alongside his GP work, Dr Mehat held a circumcision clinic which was open to the community and was not restricted to registered patients of the Practice.
2. The Allegation that has led to this hearing can be summarised as follows: in July 2013 Dr Mehat performed a circumcision on Patient A without obtaining the mother's informed consent. The initial concerns were raised with the GMC on 21 August 2015 by Patient A's mother, by way of a complaint form.

The Admitted Facts

3. At the outset of these proceedings, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), through his Counsel Mr Anthony Haycroft, Dr Mehat made full admissions to the Allegation, as set out below. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.
4. The Allegation made against Dr Mehat was as follows:
 1. On 30 July 2013, whilst working as General Practitioner and providing a circumcision service, you performed a circumcision on Patient A (a child aged three months) without obtaining his mother's informed consent.
Admitted and found proved

Impairment

5. The Tribunal must now decide in accordance with Rule 17(2) (l) of the Rules whether, on the basis of the admitted facts which it has found proved, Dr Mehat's fitness to practise is impaired by reason of misconduct.

The Evidence

Record of Determinations – Medical Practitioners Tribunal

6. The Tribunal received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Ms B, Practice Manager at Bakersfield Medical Centre;
- Patient A's mother, dated 22 January 2019.

7. Dr Mehat provided his own witness statement dated 05 August 2019 and also gave oral evidence at the hearing.

Expert Witness Evidence

8. The Tribunal also received evidence from an expert witness, Dr C who was called by the GMC to assist the Tribunal in assessing the standard of care provided by Dr Mehat to Patient A. Dr C is a GP locum and GP expert witness as well as Clinical Lead for Child Protection Coventry and Rugby Clinical Commissioning Group. The Tribunal were provided with Dr C's written report dated 06 January 2016 and supplementary report dated 30 May 2019.

Documentary Evidence

9. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included, but was not limited to;

- Patient A's mother's Police Statement;
- Patient A's mother's complaint form to the GMC, dated 21 August 2015;
- Patient A's birth certificate, dated 14 May 2013;
- Medical Records for Patient A from the Practice;
- Consultation Information sheet, spanning 1 May 2013 to 12 January 2015;
- Police log containing Dr Mehat's account to Nottinghamshire Police, dated 22 July 2015;
- Consent forms and information relating to Dr Mehat's current circumcision practice;
- Character references;
- Continuing Professional Development (CPD) certificates pertaining to consent and reflection.

Submissions

10. On behalf of the GMC, Mr Garside submitted that Dr Mehat's fitness to practise is currently impaired by reason of misconduct. He stated that a finding of impairment would be necessary in this case to promote and maintain public confidence in the medical profession.

11. On behalf of Dr Mehat, Mr Haycroft accepted that the admitted facts amounted to misconduct, but submitted that Dr Mehat's fitness to practise is only

Record of Determinations – Medical Practitioners Tribunal

currently impaired on public interest grounds. He stated that Dr Mehat understood that obtaining informed consent is a fundamental matter and that his actions were in clear breach of published GMC guidance. He argued that as of today there is no impairment to Dr Mehat's fitness to practise on public safety grounds.

12. Mr Haycroft informed the Tribunal that this was an isolated incident with no repetition and that Dr Mehat has since undertaken remediation by completing refresher sessions, providing reflections and undertaking various CPD courses. He stated that Dr Mehat has demonstrated insight by fully co-operating with the GMC, making full admissions at this hearing and by his acceptance that his fitness to practice is currently impaired.

The Relevant Legal Principles

13. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision on impairment is a matter for the Tribunal's judgement alone.

14. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as admitted and found proved amounted to misconduct and then whether this misconduct could lead to a finding of impairment.

15. The Tribunal must determine whether Dr Mehat's fitness to practise is impaired today, taking into account his conduct at the time of the event and any relevant factors since then such as whether the matter is remediable, has been remedied and if there is any likelihood of repetition.

16. The Tribunal considered the case of *Cohen v. GMC [2008] EWHC 581 (Admin)* which states:

'It must be highly relevant in determining if a doctor's fitness to practise is impaired that first his or her conduct which led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated.'

17. It also considered the case of *CHRE v. NMC and Grant [2011] EWHC 927 (Admin)* in which Mrs Justice Cox states that the relevant panel *'should generally consider ... whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

The Tribunal's Determination on Impairment

Record of Determinations – Medical Practitioners Tribunal

18. The Tribunal noted that Dr Mehat considered his behaviour to amount to misconduct and that a finding of impairment was appropriate.

19. The Tribunal considered this case to involve an irreversible, non-urgent, entirely elective procedure which was performed without proper parental consent. Due to the age of Patient A his mother had parental responsibility for him and did not consent for the procedure to be performed. Dr Mehat did not try to establish who had parental responsibility for Patient A and proceeded on the basis of a consent form signed by Patient A's paternal grandmother, despite being aware that she did not have parental responsibility for Patient A. The Tribunal considered that, at best, Dr Mehat had a reported agreement from Patient A's grandmother that Patient A's mother had consented to the procedure. Dr Mehat did not explain the risks and benefits of the procedure to Patient A's mother and as such she could not have given her informed consent.

20. The Tribunal noted that medically the procedure was neither necessary nor indicated but was undertaken for religious/cultural reasons. Dr Mehat performing this without informed consent was wrong and had far – reaching consequences such as the irreversibility of the procedure, distress to the mother of Patient A and its contribution towards the breakdown of an already fragile family relationship.

21. The Tribunal bore in mind that Dr Mehat had never met Patient A's parents and that he was aware it was Patient A's grandparents who brought him to the Practice. Despite this he did not request any identification from Patient A's family members or the birth certificate of Patient A, which he now acknowledges he should have done and which is now his practice. Unchallenged evidence has been presented at this hearing that Dr Mehat asked Patient A's paternal grandmother to contact Patient A's mother in order to obtain Patient A's GP contact details and mother's consent. As these details were provided and the grandmother told him that Patient A's mother had consented, Dr Mehat assumed consent to perform the procedure. The Tribunal considered this clearly did not amount to any or any informed consent to the circumcision on the part of Patient A's mother, the only person with parental responsibility.

22. The Tribunal accepted that Dr Mehat's misconduct was a single lapse in his judgement as opposed to reflecting a cavalier approach to his circumcision practice in general. It bore in mind that this is not a case calling into question Dr Mehat's clinical expertise and the Tribunal was satisfied that his circumcision practice was usually well organised, demonstrating a responsible approach to his work.

23. The Tribunal had regard to the GMC guidance '*Consent: patients and doctors making decisions together*' and took the view that the following paragraphs applied in this case:

Record of Determinations – Medical Practitioners Tribunal

'2) Whatever the context in which medical decisions are made, you must work in partnership with your patients to ensure good care. In so doing, you must:

- a. listen to patients and respect their views about their health*
- b. discuss with patients what their diagnosis, prognosis, treatment and care involve*
- c. share with patients the information they want or need in order to make decisions*
- d. maximise patients' opportunities, and their ability, to make decisions for themselves*
- e. respect patients' decisions.*

6) If patients are not able to make decisions for themselves, the doctor must work with those close to the patient and with other members of the healthcare team. The doctor must take into account any views or preferences expressed by the patient and must follow the law on decision-making when a patient lacks capacity.

26) If you are the doctor undertaking an investigation or providing treatment, it is your responsibility to discuss it with the patient. If this is not practical, you can delegate the responsibility to someone else, provided you make sure that the person you delegate to:

- a. is suitably trained and qualified*
- b. has sufficient knowledge of the proposed investigation or treatment, and understands the risks involved*
- c. understands, and agrees to act in accordance with, the guidance in this booklet.'*

24. The Tribunal then had regard to paragraph 35 of the GMC guidance '0–18 years: guidance for all doctors' which states:

'35) To assess their best interests you should consider the religious and cultural beliefs and values of the child or young person and their parents as well as any social, psychological and emotional benefits. This may be relevant in circumcision of male children for religious or cultural reasons, or surgical correction of physical characteristics that do not endanger the child's life or health.'

25. The Tribunal was satisfied that Dr Mehat should have been familiar with the above GMC guidance documents and also with Good Medical Practice (2013) (GMP). It had regard to the following fundamental duties of a doctor, set out in GMP which Dr Mehat should have adhered to:

Record of Determinations – Medical Practitioners Tribunal

'...make the care of your patient your first concern...

...Provide a good standard of practice and care.

...work in partnership with patients...

- *Listen to, and respond to, their concerns and preferences.*
- *Give patients the information they want or need in a way they can understand.*
- *Respect patients' right to reach decisions with you about their treatment and care.'*

26. The Tribunal was of the view that it was Dr Mehat's personal duty to have assessed the best interests of Patient A in accordance with the guidance and to obtain the informed consent of Patient A's mother, the only person who had parental responsibility, as would have been apparent to Dr Mehat if he had taken the appropriate and necessary steps. Dr Mehat did nothing to ensure that Patient A's mother was fully appraised of the risks and benefits of the procedure he subsequently performed.

27. The Tribunal has concluded that Dr Mehat's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

28. The Tribunal, having found that the facts found proved amounted to misconduct, went on to consider whether as a result of that misconduct Dr Mehat's fitness to practise is currently impaired.

29. The Tribunal noted that Dr Mehat has taken appropriate steps towards remediation by undertaking further CPD training and by changing his working procedures. It also noted his demonstrations of insight in that he fully accepted it was his responsibility to obtain informed consent from Patient A's mother, has altered his practice and expressed remorse.

30. The Tribunal found Dr Mehat's insight to be incomplete. It noted his initial action when receiving the complaint from Patient A's mother in November 2014 was to contact the grandparents to seek reassurance from them, rather than to directly address the mother's concern. The Tribunal also bore in mind that whilst Dr Mehat had apologised to Patient A's mother in his witness statement dated 5 August 2019, he failed to demonstrate a clear appreciation of the distress that she, and potentially Patient A, had suffered. Furthermore, whilst Dr Mehat agreed that he could recognise '*red flags*' that should have alerted him to take a greater degree of care in relation to the issue of consent, he could not identify these when invited to do so by the Tribunal.

Record of Determinations – Medical Practitioners Tribunal

31. Notwithstanding the Tribunal's reservations as to Dr Mehat's insight, it was satisfied that the risk of repetition in this case is very low. The Tribunal was aware that Dr Mehat's misconduct has not been repeated in the six years since this incident. Accordingly, the Tribunal did not find Dr Mehat's fitness to practise impaired on the grounds of public protection.

32. Whilst the Tribunal accepted Dr Mehat's misconduct was an isolated incident, out of character and outwith his usual practice, his misconduct remained a serious matter. Gaining informed consent from an infant's mother was a fundamental requirement, particularly for an entirely elective surgical procedure which was neither necessary nor medically indicated and when there was no need for urgency. The Tribunal was in no doubt that a finding of impairment is necessary in this case to promote and maintain public confidence in the medical profession and proper professional standards and conduct for the members of the profession.

33. The Tribunal has therefore determined that Dr Mehat's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 12/09/2019

1. Having determined that Dr Mehat'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 to reaching a decision on sanction.

3. The Tribunal received further evidence from the GMC in the form of an allegation that was previously admitted by Dr Mehat and found proved in an MPTS hearing in March 2019.

Submissions

4. On behalf of the GMC, Mr Garside submitted that this is not a case for taking no action as misconduct was found by the Tribunal and Dr Mehat's fitness to practise was found impaired by reason of this misconduct. He acknowledged that Dr Mehat had practised for many years and this was an isolated incident that was out of character, and that in the circumstances imposing conditions on Dr Mehat's practice would be nothing more than an *'empty gesture'*.

5. Mr Garside submitted that, whilst Dr Mehat's actions represented a serious breach of Good Medical Practice (GMP) they were not fundamentally incompatible with continued practice. He submitted that a period of suspension would be

Record of Determinations – Medical Practitioners Tribunal

appropriate to maintain public confidence in the profession. Mr Garside stated that this was not a case for considering erasure as Dr Mehat provides a valuable service to the community in which he works and it would not be in the public interest to remove him from the Medical Register.

6. On behalf of Dr Mehat, Mr Haycroft submitted that no action should be taken in this case. He reminded the Tribunal that this is a case in which impairment has been found solely on public interest grounds and not for public protection and that this was a single lapse and was not due to any cavalier attitude on Dr Mehat's part in his practice. Mr Haycroft argued that the level of insight, remediation and "*very low risk*" of repetition in this case amounted to exceptional circumstances and warranted taking no action.

7. Mr Haycroft submitted that, alternatively, if the Tribunal was unable to find exceptional circumstances then the imposition of an order for conditions for one year with a review would be appropriate. He informed the Tribunal Dr Mehat had acknowledged that in his witness statement that he did not adequately deal with any distress caused to Patient A's mother. Dr Mehat intended to convey his '*deep regret*' for his actions and accepted that he could not reverse what he had done. Mr Haycroft told the Tribunal that Dr Mehat hopes it can accept that his now robust systems would prevent such a matter ever occurring again, having built on the foundation of a previously usually well organised practice.

8. It was submitted that it would be wrong in principle to suspend Dr Mehat by default as he would be at a disadvantage compared to other doctors who had not embarked upon the remediation he has. He further submitted that erasure would be '*wholly inappropriate*' in this case.

The Tribunal's Determination on Sanction

9. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgment.

10. In reaching its decision, the Tribunal has referred to the Sanctions Guidance (SG). It has borne in mind that the purpose of sanctions is not to be punitive, but to protect the public and the wider public interest, although sanctions may have a punitive effect.

11. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Mehat's interest with the public interest, recognising that the reputation of the profession is more important than that of an individual member of the profession. It has taken account of the statutory overarching objective.

Record of Determinations – Medical Practitioners Tribunal

12. The Tribunal has already given a detailed determination on impairment and it has taken those matters into account during its deliberations on sanction. The Tribunal went on to consider the aggravating and mitigating factors in this case.

Aggravating and Mitigating Factors

13. The Tribunal's opinion was that there were no aggravating features to this case beyond the already serious misconduct itself.

14. The Tribunal had regard to paragraph 54 of the SG, which entitles it to consider a previous finding of impaired fitness to practise to be an aggravating factor in relation to the case before it. Neither Mr Garside nor Mr Haycroft invited the Tribunal to make such a finding. The Tribunal agreed, the previous finding related to a police caution administered to Dr Mehat on 13 November 2015 arising from his management of rented houses. Dr Mehat's fitness to practice was found impaired by reason of that caution and his registration was suspended for 28 days. The Tribunal was satisfied that the conduct giving rise to the caution was outwith his professional practice and had no bearing upon the gravity of the current misconduct.

15. Turning its mind to the mitigating factors in this case, the Tribunal considered that Dr Mehat understood the issues raised, demonstrated insight (although it considered this insight to be incomplete) and has taken positive steps to improve his practice. It was conscious of paragraph 25(a) of the SG when considering these factors:

'25) The following are examples of mitigating factors.

(a) Evidence that the doctor understands the problem and has insight, and of their attempts to address or remediate it. This could include the doctor admitting facts relating to the case, apologising to the patient (see paragraphs 42–44), making efforts to prevent behaviour recurring, or correcting deficiencies in performance or knowledge of English.'

16. The Tribunal bore in mind that Dr Mehat has engaged with the regulatory process and made full admissions at the commencement of this hearing. There was no evidence to suggest that Dr Mehat is not now adhering to the fundamental principles of GMP. The Tribunal was conscious of the six years that have passed since the incident and in that time there has been no repetition of the actions that led to this hearing.

17. The Tribunal had regard to testimonials and references provided in support of Dr Mehat.

No action

Record of Determinations – Medical Practitioners Tribunal

18. In coming to its decision as to the appropriate sanction to impose, the Tribunal first considered whether to conclude Dr Mehat's case by taking no action. The Tribunal reminded itself that there should be exceptional circumstances to justify a Tribunal taking no action where a finding of impairment has been made. The Tribunal considered paragraphs 68 and 78 of the SG:

'Where a doctor's fitness to practise is impaired, it will usually be necessary to take action to protect the public (see paragraphs 14–16). But there may be exceptional circumstances to justify a tribunal taking no action.'

And;

'Exceptional circumstances are unusual, special or uncommon, so such cases are likely to be very rare. The tribunal's determination must fully and clearly explain:

(a) what the exceptional circumstances are

(b) why the circumstances are exceptional

(c) how the exceptional circumstances justify taking no further action.'

19. The Tribunal did not accept Mr Haycroft's submission that the level of Dr Mehat's insight, his remediation and the lapse of time amounted to exceptional circumstances in this case. It considered that the development of insight and the undertaking of remediation was a legitimate expectation of a doctor registered with the GMC. It also had regard to paragraph 69 of the SG,

'To find that a doctor's fitness to practise is impaired, the tribunal will have taken account of the doctor's level of insight and any remediation, and therefore these mitigating factors are unlikely on their own to justify a tribunal taking no action.'

20. The Tribunal was unable to find the delay in this case in itself sufficient to amount to an exceptional circumstance. Accordingly, the Tribunal was satisfied that to take no action would be inappropriate. Furthermore, to take no action would be disproportionate: it would not reflect the seriousness of the misconduct nor would it address the wider public interest and the need to promote and maintain public confidence and proper professional standards in the profession.

Conditions

21. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Mehat's registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

Record of Determinations – Medical Practitioners Tribunal

22. In the light of the Tribunal's finding of a very low risk of repetition and its acceptance of Dr Mehat's remediation, it concluded that there were no remaining clinical deficiencies in this case that need to be addressed and that to impose conditions would be artificial and inappropriate.

23. Furthermore, the Tribunal considered the seriousness of the case and the evident distress of Patient A's mother upon her discovery that the circumcision had taken place without her informed consent and then in the aftermath of the procedure as detailed in her witness statement:

'The Tuesday after the circumcision I went to the baby weigh in clinic. I spoke to my health visitor and ended up breaking down, crying. I didn't know what to do and I didn't know how to look after him...'

24. The Tribunal was of the opinion that this distress could have been avoided if Dr Mehat had fulfilled his fundamental duty to obtain informed consent, had spoken with Patient A's mother and made himself available for aftercare advice.

25. The Tribunal determined that a right-thinking member of the public would be shocked by Dr Mehat's actions and therefore conditions were neither appropriate nor a proportionate response to address the serious misconduct nor sufficient to uphold professional standards and public confidence in the profession.

Suspension

26. The Tribunal then went on to consider whether a period of suspension would be an appropriate and proportionate sanction to impose on Dr Mehat's registration. It considered the relevant paragraphs of the SG particularly but not limited to:

91) 'Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbecoming a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.'

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'

And;

Record of Determinations – Medical Practitioners Tribunal

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'

27. The Tribunal also gave mind to Paragraph 97(a) of the SG:

'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...maintain confidence in doctors.'

28. It decided that, whilst Dr Mehat's actions were a serious breach of GMP and other GMC guidance, his conduct was not such as to be fundamentally incompatible with continued registration. The Tribunal determined that nothing less than a period of suspension would be an appropriate and proportionate sanction that would protect the public confidence in the medical profession and promote and maintain proper standards and conduct for the members of the profession.

29. In considering the appropriate period of suspension, the Tribunal was aware that the maximum period of suspension is 12 months. The Tribunal bore in mind the seriousness of Dr Mehat's misconduct, and balanced this with the mitigating factors in this case. It concluded that this was an isolated incident albeit a significant departure from the principles of GMP.

30. The Tribunal also had regard to the period of suspension served following Dr Mehat's March 2019 hearing. It was satisfied that it was inappropriate for these two cases to have been separated and that they should have been heard together. When considering the length of suspension to impose at this hearing, the Tribunal had regard to the principle of totality and also considered the disrupting impact that suspending Dr Mehat's practice would have upon the continuity of care for the large number of patients registered at his surgery which has already recently been interrupted by Dr Mehat's previous period of suspension.

31. The Tribunal considered that an order suspending Dr Mehat's registration for one month was the appropriate sanction in this case and the least restrictive necessary to reflect the gravity of his misconduct and to satisfy the overarching statutory objective.

Record of Determinations – Medical Practitioners Tribunal

32. The Tribunal determined not to direct a review of Dr Mehat's case as it was satisfied that there is no risk to patients by Dr Mehat's continued unrestricted practice and that the finding of impairment is based solely upon this incident and in order to address the overarching statutory objective.

33. The effect of the foregoing direction is that, unless Dr Mehat exercise's his right of appeal, his registration will be suspended 28 days from the date on which written notice of this decision is deemed to have been served upon him. A note explaining his right of appeal will be sent to him.

Determination on Immediate Order - 12/09/2019

1. Having determined to suspend Dr Mehat's registration, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

Submissions

2. On behalf of the GMC, Mr Garside submitted that an immediate order is not necessary in this case.

3. On behalf of Dr Mehat, Mr Haycroft also submitted that an immediate order is not necessary in this case.

The Tribunal's Determination

4. The Tribunal noted that this case concerns the public interest and not patient safety. It was satisfied that there would be no risk to patients if an immediate order were not made and that Dr Mehat could use his time before the substantive direction becomes effective to ensure the continuity of care for his patients during his suspension.

5. The Tribunal therefore determined not to impose an immediate order.

6. This means that Dr Mehat's registration will be suspended from the Medical Register 28 days from when notice of this decision is deemed to have been served upon him, unless he lodges an appeal. If Dr Mehat does lodge an appeal he will remain free to practise unrestricted until the outcome of any appeal is known.

7. There is no interim order to revoke.

8. That concludes the case.

**Record of Determinations –
Medical Practitioners Tribunal**

Confirmed

Date 12 September 2019

Mr Leighton Hughes, Chair