

Dates: 22/06/2020

Medical Practitioner's name: Dr Dahlia AHMED ABDEL-RAZIK

GMC reference number: 4556505

Primary medical qualification: MB BS 1990 University of Khartoum

Type of case

Review - Misconduct

Outcome on impairment

Not Impaired

Summary of outcome

Suspension revoked

Tribunal:

Legally Qualified Chair	Mr Robert Ward
Lay Tribunal Member:	Miss Safia Iman
Medical Tribunal Member:	Dr Fade Ibitoye
Tribunal Clerk:	Mr Edward Kelly

Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Ranald Davidson, Counsel, instructed by RadcliffesLeBrasseur
GMC Representative:	Mr Christopher Hamlet, 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,

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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 - 22/06/2020

Background

1. The Tribunal has noted the background to Dr Abdel-Razik's case as follows. It does not intend to rehearse the entire history of this case because that is a matter of record.
2. Dr Abdel-Razik qualified in February 1990. At the time of the events in 2016, which led her to appear before a Medical Practitioners Tribunal in June 2019 (the 2019 Tribunal), she had been employed as a specialist doctor in anaesthetics at the Sandwell and West Birmingham Hospitals NHS Trust (the Trust) from October 2008.
3. The allegation considered by the 2019 Tribunal into Dr Abdel-Razik's conduct can be summarised that she undertook locum shifts whilst on paid sick leave from the Trust, during the periods from 8 September 2016 to on or around 12 October 2016 and from 8 May 2017 to on or around 23 July 2017. It was also alleged that Dr Abdel-Razik undertook locum shifts elsewhere whilst on a paid phased return at the Trust, to work during the period from on or around 6 August 2017 to 31 August 2017.
4. It was further alleged that Dr Abdel-Razik knew that she was not deemed fit for work during the above periods. Following an investigation by the Trust Dr Abdel-Razik was dismissed on 17 April 2018. She was referred to the GMC on 18 April 2018.
5. Dr Abdel-Razik admitted all paragraphs of the Allegation at the 2019 Tribunal and these were found proved accordingly.

The 2019 Tribunal

6. The 2019 Tribunal determined that Dr Abdel-Razik's actions amounted to misconduct, that her fitness to practise was impaired and determined to impose a 12 month period of suspension on her licence to practise, directing that a review should be undertaken before the end of this period of suspension.
7. The 2019 Tribunal considered that Dr Abdel-Razik's conduct, in repeatedly and knowingly working a substantial number of locum shifts whilst on sick leave from the Trust, was dishonest conduct and serious. The Tribunal was in no doubt that Dr Abdel-Razik's dishonest conduct would be considered deplorable by fellow practitioners and indeed the public. The Tribunal determined that Dr Abdel-Razik's

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dishonest conduct fell far short of the standards of conduct reasonably to be expected of a doctor.

8. The 2019 Tribunal took into account that Dr Abdel-Razik had undertaken courses on Maintaining Professional Ethics and had reviewed Good Medical Practice. It noted that Dr Abdel-Razik had offered to pay back the sum of £23,447.05 (as calculated by the Trust) to account for the sick pay wrongly obtained by her. It further noted that Dr Abdel-Razik was of previous good character and there were no clinical matters identified. The 2019 Tribunal stated that it had seen no evidence that Dr Abdel-Razik had yet fully addressed these matters and could not be satisfied that this was a situation which may not occur again in the future.

9. The 2019 Tribunal identified numerous factors to consider in mitigation of Dr Abdel-Razik's misconduct, including thirty years of successful practice without professional criticism, no issues raised regarding her clinical competence, her colleagues spoke highly about her probity and clinical abilities and that she had not attempted to minimise the gravity of her misconduct.

10. The 2019 Tribunal was of the opinion that Dr Abdel-Razik had demonstrated insight into and a full understanding of the gravity of her dishonest behaviour as a result of meaningful reflection following her attendance at relevant and targeted courses. Dr Abdel-Razik had displayed an understanding into how and why she had wrongly justified her actions to herself at that time. The 2019 Tribunal found her explanation to be convincing and consistent. Nevertheless, the 2019 Tribunal was mindful that personal mitigation and clinical competence is of limited weight when considering dishonesty.

11. The 2019 Tribunal was satisfied that Dr Abdel-Razik's misconduct was so serious that action must be taken to maintain public confidence in the profession and determined that imposing a maximum possible duration of 12 month suspension on her registration would send a message to the public and profession marking the seriousness of the misconduct. It determined that given the particular circumstances of the case, together with Dr Abdel-Razik's developing insight and ongoing remediation, that Dr Abdel-Razik's misconduct was very serious but fell short of being fundamentally incompatible with continued registration.

12. The 2019 Tribunal directed that, shortly before the end of the period of Dr Abdel-Razik's suspended registration, her case would be reviewed by a Medical Practitioners Tribunal. The 2019 Tribunal considered that a future reviewing Tribunal would be assisted by receiving:

- Evidence she has fully remediated her misconduct;
- An updated reflective statement; and
- Evidence she has kept her clinical skills and knowledge up to date.

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13. The 2019 Tribunal detailed that it is also open to Dr Abdel-Razik to provide any other evidence she considers that might assist a reviewing Tribunal.

Today's Review Hearing

14. The Tribunal now has to decide in accordance with Rule 22(1)(f) of the Rules whether Dr Abdel-Razik's fitness to practise remains impaired.

15. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. The onus is on Dr Abdel-Razik to satisfy the Tribunal on this question.

16. The Tribunal must determine whether Dr Abdel-Razik's fitness to practise is impaired today, taking into account her 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 Evidence

17. The Tribunal has taken into account all the evidence received during and prior to the commencement of proceedings, both oral and documentary.

18. In addition, the Tribunal has taken into account all of the documentary evidence submitted by the GMC and on Dr Abdel-Razik's behalf since the 2019 Tribunal which included, but was not limited to:

- Record of Determination of the MPT hearing dated 13 June 2019;
- Correspondence between the GMC and Dr Abdel-Razik, dated 3 March 2020;
- Email from Dr Abdel-Razik's representatives to the GMC, dated 19 March 2020, containing the evidence provided to the 2019 Tribunal, which is a matter of record and additional supporting documents;
- CPD certificates detailing courses and learning undertaken since the 2019 Tribunal, dates in June, July and November 2019, January and February 2020;
- Reflective Statement from Dr Abdel-Razik, dated 14 May 2020;
- 2020 Appraisals and certificates of work from Dr A, dated 11 March 2020; and
- Certificate of Satisfactory Appraisal, dated 11 March 2020.

19. Dr Abdel-Razik gave oral evidence, by Skype for Business, at the hearing in support of her written representations on matters including her reflection on the matters which led to the original findings against her, her insight, her coping mechanisms, her efforts at maintaining continuous professional development and transparency with colleagues.

Submissions

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20. The submissions made by both Counsel at the close of the impairment stage are a matter of record and the following is a non-exhaustive synopsis of those submissions

21. On behalf of the GMC, Mr Christopher Hamlet, Counsel, submitted that the GMC is neutral on the matter of whether Dr Abdel-Razik's fitness to practice is currently impaired, as at this date.

22. Mr Hamlet directed the Tribunal's attention to the reflective statement from Dr Abdel-Razik and evidence of CPD provided and submitted that it is a matter for this Tribunal to determine whether Dr Abdel-Razik has developed full insight into her misconduct and demonstrated complete remediation.

23. On behalf of Dr Abdel-Razik, Mr Ranald Davidson, Counsel reminded the Tribunal that this is a matter of current impairment. He submitted that whereas there were no positive submissions on behalf of Dr Abdel-Razik at the previous MPT hearing, it is now the submission on her behalf that her fitness to practise is no longer impaired.

24. Mr Davidson invited the Tribunal to consider the totality of the evidence before it, the decision of the previous Tribunal and Dr Abdel-Razik's oral evidence. He submitted that there has never been any attempt to deny that her misconduct and dishonesty were serious and a breach of trust for her employers.

25. Mr Davidson submitted that not only has Dr Abdel-Razik apologised but has also commenced the process of repaying the funds inappropriately claimed. He submitted that Dr Abdel-Razik was open and honest about her misconduct with her employers and the findings of the previous Tribunal. He invited the Tribunal to consider that there had been no concerns regarding Dr Abdel-Razik's behaviour prior to 2016 or since the misconduct ending in 2017. He submitted that the impact of Dr Abdel-Razik's personal circumstances should be considered in this light and that her clinical abilities have never been called into question.

26. Mr Davidson referred the Tribunal to Dr Abdel-Razik's reflections and the abundance of CPD evidence which she has carried out. He submitted that she had reflected upon her errors, reviewed how they occurred and how to manage pressure in the future. He submitted she has undertaken courses in mindfulness and building resilience, putting in safeguards to ensure her misconduct would not be repeated.

27. Mr Davidson submitted that Dr Abdel-Razik has continued membership of clinical bodies having completed her Advanced Trauma Life Support (ATLS) course and as an ATLS course instructor. He submitted that she has arranged a 10 day 'keeping in touch' intensive course, of her own accord, to maintain her clinical skills and knowledge.

28. Mr Davidson submitted that it would be in the public interest to allow an accomplished and experienced doctor to return to unrestricted practise. He

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concluded that this Tribunal should be satisfied that Dr Abdel-Razik's fitness to practice is no longer impaired and she should be allowed to return to unrestricted practice.

The Relevant Legal Principles

29. The Tribunal reminded itself that at this stage of proceedings that the decision on impairment is a matter for the Tribunal's judgement alone. As noted above, the 2019 Tribunal set out the matters that a future Tribunal may be assisted by. The Tribunal is aware that it is for the doctor to satisfy it that she would be safe to return to unrestricted practice.

30. The Tribunal must determine whether Dr Abdel-Razik's fitness to practise is impaired today, taking into account her conduct since the previous Tribunal proceedings and any relevant factors since then such as whether the matters have been remedied, whether Dr Abdel-Razik has developed insight and any likelihood of repetition.

The Tribunal's Determination on Impairment

31. In deciding whether Dr Abdel-Razik's fitness to practise is impaired, the Tribunal has exercised its own judgement. It has borne in mind the statutory overarching objective which is to protect the public. This includes: to protect and promote the health, safety and wellbeing 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 the profession.

32. The Tribunal first considered whether Dr Abdel-Razik has kept her clinical skills up to date. It was impressed with her commitment to maintaining her knowledge and skills. The Tribunal understands that there can be difficulties in demonstrating practical clinical skills whilst a doctor is suspended, and notes that Dr Abdel-Razik has made efforts to do this. She has also attended relevant targeted clinical and ethical courses. The Tribunal considered it persuasive that Dr Abdel-Razik had organised, of her own volition, the 10 day Keeping In Touch ('KIT') course to hone her clinical skills pending return to practice. The Tribunal was of the opinion that this demonstrates self-awareness on the part of Dr Abdel-Razik and a thorough approach to her position and the requirements of returning to practice.

33. The Tribunal had regard to the direction of the 2019 Tribunal of evidence and information which might support this Tribunal in reaching its decision. Dr Abdel-Razik already provided evidence of remediation to the 2019 Tribunal, however she has undertaken more training and undergone more targeted learning and CPD since June last year. The Tribunal determined that Dr Abdel-Razik has done enough to satisfy it that she has remediated her conduct and will continue employ the safeguards and learning she has garnered to positive effect.

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34. Dr Abdel-Razik provided an updated reflective statement and gave oral evidence, via Skype for Business to the Tribunal. The Tribunal was assisted by the reflective statement which demonstrates that Dr Abdel-Razik had carefully reflected on the personal and financial circumstances that led to her misconduct. During her oral evidence, the Tribunal judged that Dr Abdel-Razik was a genuine and credible witness who provided in-depth and substantial reflection on the causes for her dishonest behaviour. She was open and realistic in her evidence. She did not try to minimise the seriousness of the misconduct and identified how she erred grievously before and developed mechanisms to ensure this behaviour is not repeated, including openness with her family and colleagues. The Tribunal is satisfied that Dr Abdel-Razik has demonstrated the remediation required to be able to return to unrestricted practice. The Tribunal notes that Dr Abdel-Razik has been consistently repaying the monies she owes to the Trust and is committed to continuing to repay in full.

35. In reaching its decision, the Tribunal noted that, on the evidence before it, no further incidents of dishonesty or any evidence of clinical failings have been identified and this supports the assertion that there is a low probability of repetition.

36. Taking all of the above into account, the Tribunal is satisfied that Dr Abdel-Razik recognises the gravity of her dishonesty, has developed significant insight, has taken responsibility for her actions and has taken the necessary steps to remedy her misconduct. The 2019 Tribunal determined to suspend Dr Abdel-Razik's registration for 12 months to mark the seriousness of the misconduct. The Tribunal determined that patients would not be placed at risk by Dr Abdel-Razik's resumption of unrestricted clinical practice. The Tribunal determined that it is now in the public interest for Dr Abdel-Razik to return to practice because the risk of repetition has been reduced satisfactorily.

37. The Tribunal has therefore determined that Dr Abdel-Razik's fitness to practise is not impaired as of today's date.

38. In light of the finding above that Dr Abdel-Razik's fitness to practise is no longer impaired, the Tribunal determined to revoke the suspension currently in place on her registration with immediate effect.

39. That concludes this case.

Confirmed
Date 22 June 2020

Mr Robert Ward, Chair