

**PUBLIC RECORD****Date:** 26 March 2025**Doctor:** Dr Gamal MOHAMED

<b>GMC reference number:</b>	4355450
<b>Primary medical qualification:</b>	MB BCh 1980 Cairo
<b>Type of case</b>	<b>Outcome on impairment</b>
Deficient professional performance	Impaired

**Summary of outcome**

Conditions for 24 months.

**Tribunal/Legally Qualified Chair:**

Legally Qualified Chair:	Mrs Claire Lindley
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**Review on the Papers**

This case was reviewed on the papers, with the agreement of both parties, by a Legally Qualified Chair.

**Overarching Objective**

Throughout the decision making process the chair 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.

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1. I have reviewed the background to this case. Dr Mohamed graduated in 1980 with a MB BCh from the University of Cairo, Egypt, and then obtained a Masters degree in obstetrics and gynaecology from the same University in 1986. He subsequently moved to the UK in 1996, and in 2010 became a staff grade doctor in obstetrics and gynaecology at Jersey hospital.
2. In April 2011, Dr Mohamed was referred by the Jersey hospital to the GMC due to concerns about his clinical capabilities, and his performance was subsequently considered by a Fitness to Practise Panel in February 2014. The Panel found that Dr Mohamed's fitness to practise was impaired by reason of deficient professional performance. On 7 February 2014, Dr Mohamed therefore accepted undertakings on his registration. In November 2015, as part of those undertakings, there was a GMC assessment of Dr Mohamed's performance.
3. As a result of that assessment, the GMC alleged that Dr Mohamed's performance was unacceptable in the area of clinical management, and a cause for concern in both the assessment of patient's condition and record keeping. On 9-13 April 2018, a Tribunal then considered Dr Mohamed's performance. He admitted the allegation made against him and did not seek to challenge the criticisms of the GMC Assessment Team. The Tribunal therefore decided that Dr Mohamed had departed from a number of principles of Good Medical Practice and that his performance had fallen so short of the standards of performance reasonably to be expected of a doctor as to amount to deficient professional performance. It decided that there was limited evidence that those deficiencies had been remediated and so found that Dr Mohamed's fitness to practice was impaired. The Tribunal imposed conditions on his registration for a period of 12 months.
4. Since the decision of the 2018 Tribunal, two further Tribunals have reviewed Dr Mohamed's case. The first was a review in April 2019. This Tribunal noted that Dr Mohamed had tried to obtain employment in the UK with the requisite level of supervision required to meet the conditions, but without success. It noted that he had obtained a Speciality Training 3 (ST3) post in a Cairo hospital very recently - from 1 April 2019 - and that he had produced reports from his supervisors there. The Tribunal was satisfied that Dr Mohamed had made efforts to keep his medical skills up to date with targeted CPD activities. Despite these efforts, and the fact that Dr Mohamed showed a level of insight, the Tribunal decided that Dr Mohamed had not been working for long

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enough to demonstrate that he had remediated the deficiencies in his performance. It found, therefore, that Dr Mohamed fitness to practice remained impaired and so imposed a further order of conditions for 12 months. The conditions were amended to allow for the COVID-19 response, and to give more flexibility for locum work.

5. The next review was by a Tribunal in April 2020. This Tribunal noted that Dr Mohamed had not worked in the UK, but that he had been employed in the Cairo hospital for a 3 month period from April 2019 to July 2019, with evidence of positive feedback. It noted that he was due to start another post there in October 2019. The Tribunal decided that it did not have sufficient evidence of Dr Mohamed's clinical practice and was concerned that he had not been working in a medical capacity for any length of time. This Tribunal found, therefore, that Dr Mohamed's fitness to practice remained impaired and imposed a further order of conditions for 12 months.
6. Since these two reviews, there have been 4 reviews 'on the papers' by a LQC. The reviews took place in March 2021, March 2022, March 2023, and March 2024.
7. The March 2021 review noted that the COVID-19 pandemic had restricted Dr Mohamed's ability to practice both in the UK and abroad. The March 2022 review decided that Dr Mohamed's position had not changed, save for some short term positions in the UK. The March 2023 review noted again that Dr Mohamed had not been able to find employment. The March 2024 review noted that Dr Mohamed had passed a GMC Revalidation Assessment in December 2023, but that he remained unemployed.
8. The decision of each review on the papers was that Dr Mohamed was not able to demonstrate sufficient evidence of remediation, and therefore that his fitness to practice remained impaired. In terms of sanction, they each imposed a further order of conditions of 12 months.
9. While noting that a review on the papers does not provide a list of recommendations, I see that the Tribunal in April 2020 recommended that Dr Mohamed provide:
  - a report from his clinical supervisor(s),
  - feedback from professional colleagues,
  - evidence of ongoing compliance with CPD requirements,
  - diary of completed clinical work,

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- sufficient evidence to demonstrate obstetric exposure in labour wards, and acceptable performance of clinical management in obstetrics. This should include written evidence, such as regular case-based discussions and clinical evaluation exercises, and
- any other evidence he considers would assist a future Tribunal.

10. I note also that, since the last review in March 2024, an assistant registrar informed Dr Mohamed by email on 14 June 2024 that the following information would be helpful:

*“The reviewing tribunal will need to see objective evidence so they can assess Dr Gamal Abdel Nasser Ramadan Mohamed’s insight and remediation. This can include evidence that Dr Gamal Abdel Nasser Ramadan Mohamed has kept their skills up to date, and that their return to unrestricted practice won’t put patient safety at risk.”*

11. Dr Mohamed was also informed that the assistant registrar had directed a review, and it was then agreed that this further review can be considered on the papers in accordance with Rule 21B of the General Medical Council (Fitness to Practise) Rules 2004. Both parties agree that Dr Mohamed’s registration should be subject to a further period of conditions for 24 months. Dr Mohamed’s representative confirmed this by email dated 11 March 2025 because they had received a message from Dr Mohamed to that effect dated 10 March 2025. There are therefore agreed terms of an order which I could make at this review.

12. I have read the previous reviews in this case, and all the material presented to me. I have considered all of the evidence, and the submissions made on behalf of Dr Mohamed and by the GMC. I am satisfied that Dr Mohamed’s fitness to practise remains impaired due to the fact that he has not had the opportunity to remediate his deficient professional performance.

13. In reaching my decision then on sanction, I have taken account of the Sanctions Guidance. I have borne in mind that the purpose of the sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.

14. I have applied the principle of proportionality, weighing Dr Mohamed’s own interests with the public interest. The public interest includes amongst other things, the protection of patients, the maintenance of public confidence in the profession, and declaring and upholding of proper standards of conduct and behaviour.

15. I am satisfied that the proposed conditions would be proportionate and sufficient to protect the public and the public interest. I have therefore determined that Dr Mohamed's registration be made subject to conditions for a period of 24 months. This extended period of conditions is imposed because of the length of time that Dr Mohamed has not been in UK practice and to allow him time to build up a body of evidence of progress for any future Tribunal. The conditions that I impose are:

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 13.
  - 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

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- 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:
- Clinical Management
- 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. a. He must have an educational supervisor appointed by his responsible officer (or their nominated deputy)
- b. He must not work until:

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- i. his responsible officer (or their nominated deputy) has appointed his educational supervisor
  - ii. he has personally ensured that the GMC has been notified of the name and contact details of his educational supervisor.
7. He must get the approval of the GMC before working in a non-NHS post or setting.
8. He must only work at ST3 level or below or equivalent.
9.
  - a. He must be closely supervised in all of his ST3 posts by a clinical supervisor, as defined in the Glossary for undertakings and conditions. His clinical supervisor must be approved by his responsible officer (or their nominated deputy). The period of close supervision should continue until such time as his clinical supervisor considers a different level of supervision is appropriate.
  - b. He must notify the GMC in writing if the level of supervision at ST3 level changes.
  - c. He must not work until:
    - i. his responsible officer (or their nominated deputy) has appointed his clinical supervisor and approved his supervision arrangements
    - ii. he has personally ensured that the GMC has been notified of the name and contact details of his clinical supervisor and his supervision arrangements.
10.
  - a. He must be supervised in any obstetrics and gynaecology post below ST3 by a clinical supervisor, as defined in the Glossary for undertakings and conditions. His clinical supervisor must be 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 clinical supervisor and approved his supervision arrangements.
    - ii. he has personally ensured that the GMC has been notified of the name and contact details of his clinical supervisor and his supervision

arrangements.

11. He must be closely supervised if working in a non-obstetrics and gynaecology medical role.
12. He must not work in any locum post or fixed term contract of fewer than 30 hours' duration.
13. He must personally ensure the following persons are notified of the conditions listed at 1 to 12:
  - 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 of 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 that person, he must contact the GMC for advice before working for that organisation.
16. In reaching this decision, I have carefully considered all the new material in this case. Dr Mohamed's representative informed the GMC in an email dated 22 January 2025 that:

*'Dr Mohammed [sic] has continued to search for jobs in the UK but has not been successful thus far owing to the conditions on his registration, making demonstration of remediation difficult.'*



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17. Within the same email, Dr Mohamed's representatives enclosed an appraisal dated 9 September 2024, which states '*all domains of Good Medical Practice satisfied.*' There are also certificates to confirm that Dr Mohamed has attended the following courses since the last review:

- 18-19 April 2024 *The International Congress of Foundation of Obstetrics, Reproductive Health, & Gynaecological Surgery in Egypt "Force 2024."* (Egypt)
- 11-14 May 2024 *Obstetrics and Gynaecology Ultrasound comprehensive course* (Egypt)
- 27-28 May 2024 *Diabetes (in Clinical practice) Questions & Answers from Real Practical Case Studies.* (Egypt)
- 1 August 2024 *Mandatory and Statutory (Practical) Training Course* (UK)

18. I have taken into account the appraisal and the courses that Dr Mohamed has attended. However, Dr Mohamed has still not found employment in the UK, and his situation is therefore similar to the position he was in when the March 2024 review took place. Therefore the further order of conditions on Dr Mohamed's practice is appropriate.

19. The MPTS will now send Dr Mohamed a letter informing Dr Mohamed of his right of appeal and when the direction and the new sanction will come into effect. The current order of conditions will remain in place during the appeal period.

20. Notification of this decision will be served on Dr Mohamed in accordance with the Medical Act 1983, as amended.