

PUBLIC RECORD

Dates: 30/05/2022 & 18/06/2022

Medical Practitioner's name: Dr Harsit TEJURA

GMC reference number: 4029715

Primary medical qualification: MB BCh 1993 University of Wales

Type of case	Outcome on impairment
Review - Conviction / Caution	Not Impaired
Review - XXX	Impaired

Summary of outcome

Conditions, 6 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Mrs Julia Oakford
Lay Tribunal Member:	Ms Val Evans
Medical Tribunal Member:	Dr Leigh-Anne Hill
Tribunal Clerk:	Ms Hinna Safdar (30/05/22) Mr Larry Millea (18/06/22)

Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Mark Ainsworth, Counsel, instructed by RLB Law
GMC Representative:	Mr Nicholas Hall, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held partly in public and partly in private.

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Impairment - 18/06/2022

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

The Outcome of Applications Made during the Impairment Stage

2. The Tribunal granted the GMC's application, made pursuant to Rule 41(2) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that proceedings be held partly in private, namely when hearing matters relating to XXX. Annex A was produced in accordance with this.

3. This determination will be read in private. However, as this case concerns Dr Tejura's conviction, a redacted version will be published at the close of the hearing with those matters relating to XXX removed.

Background

4. Dr Tejura graduated with an MB BCh from the University of Wales in 1993. He trained first as a General Practitioner, becoming a member of the Royal College of General Practitioners in 2001 and went on to complete further training as an obstetrician and gynaecologist. He became a consultant in that field at Royal Glamorgan Hospital in 2007. Dr Tejura is currently a member of the Royal College of Obstetricians and Gynaecologists.

5. Dr Tejura resigned from his consultancy position in April 2019. He was a director at a private fertility clinic called CRGW, until he resigned from that role following his arrest in July 2019. Dr Tejura, before his suspension, worked at CRGW three sessions a week in a clinical role and undertook administrative work on his non-clinical days.

6. The facts found proved at Dr Tejura’s hearing which took place in November 2021 can be summarised as follows: in July 2019, Dr Tejura was arrested for the offence of forgery, after it was discovered that he had been writing private prescriptions, using the names of patients or sometimes his colleagues, who were not aware of the prescriptions and using false patient details. Dr Tejura had been taking the prescriptions, which were signed by himself, to a local pharmacy, claiming that he was collecting the medication on behalf of his patients. However, he was using his own address and date of birth instead of patient details. Subsequently, the dispensing pharmacist raised concerns with their Professional Standards Department and a police investigation ensued.

7. Dr Tejura was subsequently charged and convicted of two offences of theft by employee, contrary to section 1(1) and 7 of the Theft Act 1968 and one of fraud by dishonestly making false representation to make gain for self/another or cause loss to other/expose other to risk contrary to sections 1 and 2 of the Fraud Act 2006. He pleaded guilty at the first opportunity before Magistrates on 15 June 2020, and on 29 June 2020, in the Crown Court, he was sentenced to a 12 month Community Order with a Rehabilitation Activity Requirement for a maximum of 25 days. He was also fined £1000.

8. XXX.

The November 2021 Hearing (The 2021 Tribunal)

9. The 2021 Tribunal was provided with copies of XXX and police documentation of his conviction.

10. The Tribunal found all the paragraphs of the Allegation proved.

11. In reaching its determination on whether Dr Tejura’s conviction amounted to misconduct, the Tribunal noted that Dr Tejura had written private prescriptions for patients who were unaware of them, in order to obtain medication for his own use and had stolen drugs from his employer. He was subsequently charged with and convicted of: theft by employee, contrary to section 1(1) and 7 of the Theft Act 1968 and dishonesty by making false representation to make gain for self/another or cause loss to other/expose other to risk contrary to sections 1 and 2 of the Fraud Act 2006. The 2021 Tribunal was of the opinion that fellow practitioners would undoubtedly find Dr Tejura’s actions deplorable, and that that his actions amounted to misconduct which was serious.

12. The 2021 Tribunal considered whether Dr Tejura's actions brought the medical profession into disrepute. The 2021 Tribunal had regard to the sentence imposed on Dr Tejura at Cardiff Crown Court, namely, a 12 month community order and a £1000 fine. In his sentencing remarks, the judge referred to the issue of thirty fraudulent prescriptions and the theft of both Class A and Class C controlled drugs from his employer, which he hid inside a locked filing cabinet. In doing so, he circumvented the Company's systems for strict control and audit of controlled medication.

13. The judge had also stated that although the offences crossed the custody threshold, he had decided that in the absence of a commercial motive for the drug thefts, he could impose a community order.

14. The 2021 Tribunal also recognised that Dr Tejura's actions were repeated a number of times over an extended period of time. The 2021 Tribunal took the view that his actions were not 'momentary' but were calculated and a dishonest criminal act.

15. The 2021 Tribunal determined that proper professional standards would not be upheld and public confidence in the medical profession would be undermined if a finding of impairment were not made in relation to Dr Tejura's conviction.

16. Accordingly, the 2021 Tribunal determined that Dr Tejura's fitness to practise was impaired by reason of his conviction.

17. XXX.

18. XXX.

19. XXX.

20. XXX.

21. XXX.

22. The 2021 Tribunal determined that Dr Tejura's behaviour that had led to his conviction was a serious departure from Good Medical Practice and accordingly, professional standards and the public interest needed to be upheld.

23. The 2021 Tribunal took the view that, given all the evidence it had before it, suspension was the only sanction available to it that would sufficiently protect, promote and

maintain the health, safety and well-being of the public, promote and maintain public confidence in the medical profession and promote and maintain proper professional standards and conduct for members of that profession.

24. As to the length of the period of suspension on Dr Tejura's registration, the 2021 Tribunal took the view that it was appropriate to impose a period of suspension for 6 months. That would adequately reflect the seriousness of his actions and give Dr Tejura the appropriate time to further reflect.

25. Accordingly, the 2021 Tribunal determined that a period of six months would be sufficient time for Dr Tejura to take the necessary steps to address the concerns raised.

26. The 2021 Tribunal considered that it would assist a reviewing Tribunal to receive,

- A further reflective piece
- XXX
- Evidence of continuing Continuing Professional Development ('CPD')

27. The 2021 Tribunal determined that in light of the outstanding concerns in respect of XXX, and the necessity for professional standards and the public interest to be upheld, it would not be appropriate to allow Dr Tejura to practise unrestricted, particularly given that this would be for the duration of any potential appeal of the substantive sanction by Dr Tejura. The 2021 Tribunal therefore determined to impose an immediate order of suspension on Dr Tejura's registration.

Today's hearing

28. This Tribunal has today reviewed Dr Tejura's case and has considered, in accordance with Rule 22(1)(f) of the Rules, whether his fitness to practise remains currently impaired.

The Evidence

29. The Tribunal has taken into account all the evidence received, including but not limited to:

- Record of determination of the MPT hearing, dated 15- 17 November 2021;
- XXX;
- XXX;

- XXX;
- Email correspondence between Dr Tejura and the GMC;
- XXX;
- XXX;
- Reflective statement by Dr Tejura.

30. The Tribunal heard XXX. It also heard oral evidence from Dr Tejura.

Submissions

On behalf of the GMC

31. On behalf of the GMC, Mr Hall submitted that the GMC takes a ‘neutral position’ in relation to whether Dr Tejura’s fitness to practise is currently impaired by reason of his conviction and XXX.

32. Mr Hall submitted that ultimately impairment by reason of Dr Tejura’s conviction is a matter for the Tribunal. He invited the Tribunal to consider what has been put before it, in the form of reflective statements and whether Dr Tejura has provided sufficient evidence to show that he has fully remediated.

33. XXX.

On behalf of Dr Tejura

34. On behalf of Dr Tejura, Mr Ainsworth referred the Tribunal to paragraph 164 of the Sanction’s Guidance (SG):

‘164 In some misconduct cases it may be self-evident that, following a short suspension, there will be no value in a review hearing. However, in most cases where a period of suspension is imposed, and in all cases where conditions have been imposed, the tribunal will need to be reassured that the doctor is fit to resume practice – either unrestricted or with conditions or further conditions. A review hearing is therefore likely to be necessary, so that the tribunal can consider whether the doctor has shown all of the following (by producing objective evidence):

a they fully appreciate the gravity of the offence

b they have not reoffended

c they have maintained their skills and knowledge

d patients will not be placed at risk by resumption of practice or by the imposition of conditional registration.'

35. Mr Ainsworth submitted that, considering the points in paragraph 164, Dr Tejura is not in the position where his fitness to practise remains impaired. He stated that it is clear from his reflective statements and his evidence that he fully appreciates the gravity of the matters that led to the 2021 Tribunal's finding of misconduct. Mr Ainsworth emphasized that not only did Dr Tejura plead guilty before the magistrates when they committed him for sentence to the Crown Court, but he also admitted all of the facts in his previous fitness to practise hearing.

36. Mr Ainsworth submitted that Dr Tejura did not contest a finding of impairment before the 2021 Tribunal. He has not reoffended, he has maintained his skills and knowledge, and he has not shown any indication that he would put patients' safety at risk.

37. XXX.

38. Mr Ainsworth submitted that there is no evidence that Dr Tejura will take any unnecessary risks and therefore there is no basis that his fitness to practise remains impaired.

The Relevant Legal Principles

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

40. This Tribunal must determine whether Dr Tejura's fitness to practise is impaired today, considering Dr Tejura's conviction and XXX at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

The Tribunal's Determination on Impairment

41. The issue of whether Dr Tejura's fitness to practise is currently impaired is one for the Tribunal to determine, exercising its own judgement. The Tribunal has taken into account the statutory overarching objective, which includes the need to:

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

42. The Tribunal took account of the November 2021 Tribunal's recommendations as to the information which might assist this review Tribunal on the issue of Dr Tejura's fitness to practise. The Tribunal considered these to be clear recommendations as to the evidence or information that may assist this Tribunal.

Impairment by reason of conviction

43. The Tribunal considered paragraph 164 of the SG as referred to by Mr Ainsworth. It determined that Dr Tejura did appreciate the gravity of his offence in relation to his conviction. The Tribunal had sight of the reflective statements provided by Dr Tejura as well as his oral evidence in which he apologised and expressed his shame and embarrassment in appearing before the Tribunal, both in November 2021 and today.

44. The Tribunal noted that at the outset of the proceedings, Dr Tejura made full admissions to the Allegation and has since demonstrated full insight into the gravity of the conviction.

45. The Tribunal considered that Dr Tejura has not since reoffended and XXX.

46. The Tribunal took into account evidence of XXX, and considered that Dr Terjua has shown that he has maintained his skills and knowledge. The Tribunal considered that there has not been a significant passage of time since he has last practised, and if the Tribunal were dealing only with the conviction it considered that he would be able to resume unrestricted practice.

47. The Tribunal also considered that this was not a case where patients were at a risk of harm as a result of the conviction. The 2021 Tribunal had found impairment in order to uphold the standards of the profession and to maintain public confidence. It considered that

the 6 month suspension had been sufficient to address Dr Tejura's conviction and the public interest.

48. The Tribunal therefore concluded that Dr Tejura's fitness to practise was no longer impaired by reason of his conviction.

XXX

49. XXX.

50. XXX.

51. XXX.

52. XXX.

53. XXX.

Determination on Sanction - 18/06/2022

54. This determination will be read in private. However, as this case concerns Dr Tejura's conviction and XXX, a redacted version will be published at the close of the hearing with those matters relating to XXX removed.

55. Having determined that Dr Tejura's fitness to practise is impaired by the reasons of XXX, the Tribunal now has to decide in accordance with Rule 22(1)(n) of the Rules on the appropriate sanction, if any, to impose.

Submissions

56. On behalf of the GMC, Mr Hall submitted that the GMC accepted the Tribunal's conclusion that Dr Tejura currently presents a risk to patients were he to be allowed to return to unrestricted practice, but that the GMC is neutral on the decision of which sanction to impose.

57. Mr Hall referred the Tribunal to the Sanctions Guidance (November 2020) (the 'SG') and reminded it of the over-arching objective. He submitted that the Tribunal may consider

that the SG indicates that a period of conditional registration may be the appropriate sanction to impose in this case, and that conditions would be workable.

58. XXX.
59. Mr Hall submitted that if the Tribunal determines that a period of conditional registration is not appropriate or that conditions will not be workable, it should consider the SG in relation to a further period of suspension.
60. On behalf of Dr Tejura, Mr Ainsworth submitted that since these matters came to light in 2019, Dr Tejura has acted responsibly and professionally XXX. He submitted that Dr Tejura XXX and has complied with the police investigation and throughout all other related proceedings.
61. Mr Ainsworth submitted that Dr Tejura had already returned to practice under Interim Order conditions, prior to the imposition of the substantive suspension by the 2021 Tribunal. He submitted that this had been a phased, sensible and realistic return to practice for approximately six months prior to the 2021 Tribunal and demonstrated that a period of conditional registration would be the appropriate sanction in this case, as he can go through this process again.
62. Mr Ainsworth submitted that Dr Tejura would be returning to supported practice, and that he knows when and where to seek support as appropriate. XXX.
63. Mr Ainsworth submitted that there is nothing to suggest that Dr Tejura would not comply with conditions and that a period of conditions, as recommended by Dr E, would satisfactorily uphold the overarching objective.

The Relevant Legal Principles

64. The decision as to the appropriate sanction to impose, if any, in this case is a matter for the Tribunal exercising its own judgement.
65. In reaching its decision, the Tribunal has taken account of the SG and of the overarching objective. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Tejura's interests with the public interest and the need to

maintain standards and uphold the reputation of the medical profession. It has borne in mind that the purpose of sanctions is not to be punitive, but to protect patients and the wider public interest, although the sanction may have a punitive effect.

66. The Tribunal did not consider that there were aggravating or mitigating factors present in this case which should be incorporated into its decision on sanction.

No action

67. In reaching its decision as to the appropriate sanction, if any, to impose in Dr Tejura's case, the Tribunal first considered whether to conclude the case by taking no action. It considered that taking no action, following a finding of impaired fitness to practise would only ever be appropriate in exceptional circumstances.

68. The Tribunal could not identify any exceptional circumstances which would justify taking no action in this case. It concluded that it would not be sufficient, proportionate or in the public interest to take no action.

Conditions

69. The Tribunal next considered whether to impose conditions on Dr Tejura's registration. It bore in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

70. The Tribunal had regard to paragraphs XXX 82(a)&(c) and XXX of the SG, which state:

XXX

82 Conditions are likely to be workable where:

a the doctor has insight

...

c the tribunal is satisfied the doctor will comply with them

XXX

71. The Tribunal considered that Dr Tejura had previously returned to practice under conditions with no issues and was satisfied that he would comply with any conditions imposed as he had done so previously, and as he indicated at the start of this review hearing.
72. XXX.
73. In view of the above, the Tribunal concluded that XXX could properly be marked by a period of conditional registration. The Tribunal determined that conditions would uphold the GMC's over-arching statutory objective in section 1 of the Medical Act 1983, as amended.
74. When considering the imposition of conditions, the Tribunal considered whether a period of suspension would be more appropriate, having regard to the SG.
75. The Tribunal determined that suspension would not be appropriate or proportionate in the circumstances and that an order of conditions was the most appropriate sanction.
76. The Tribunal therefore determined to impose the following conditions upon Dr Tejura's registration:
 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.
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 9
 - c. if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
 - d. if any of his posts, practising privileges, or admitting rights have been suspended or terminated by his employer before the agreed date within seven calendar days of being notified of the termination
 - e. if he applies for a post outside the UK.
3. He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.
4. a. He must have a workplace reporter appointed by his responsible officer (or their nominated deputy).

b. He must not work until:
 - i. his responsible officer (or their nominated deputy) has appointed his workplace reporter
 - ii. he has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter.
5. a. He must get the approval of his GMC Adviser before accepting any post.

b. He must keep his professional commitments under review and limit his work if his GMC Adviser tells him to.

- c. He must stop work immediately if his GMC Adviser tells him to and must get the approval of his GMC Adviser before returning to work.
6. a. He must only prescribe, administer, and have primary responsibility for drugs under arrangements which have been agreed by his GMC adviser and approved by his responsible officer (or their nominated deputy)
- b. He must not work until:
- i his GMC adviser has agreed these arrangements
 - ii His responsible officer (or their nominated deputy) has approved these arrangements
7. He must not prescribe any drugs for himself, or anyone with whom he has a close personal relationship
8. a. He must get the approval of his GMC Adviser, before working as:
- i a locum / in a fixed term contract
 - ii out-of-hours
 - iii on-call.
9. He must personally ensure the following persons are notified of the conditions listed at 1 to 8
- a his responsible officer (or their nominated deputy)
 - b the responsible officer of the following organisations
 - i. his place(s) of work, and any prospective place of work (at the time of application)
 - ii. all his contracting bodies and any prospective contracting body (prior to entering a contract)
 - iii. any organisation where he has, or have 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 iii) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify this person, he must contact the GMC for advice before working for that organisation.

77. The following conditions are confidential and will not be published:

XXX

Duration of sanction

78. The Tribunal determined that the length of the conditions should be six months. This would allow Dr Tejura sufficient time to begin and imbed a managed return to practice XXX. The Tribunal considered that this would mean the conditions would run until after the XXX and progress to be reviewed at the end of this period.
79. Therefore, the Tribunal directed that before the end of the period of conditional registration, Dr Tejura's case be reviewed by a Medical Practitioners Tribunal. A letter will be sent to him about the arrangements for the review hearing.
80. The Tribunal has therefore directed to impose conditions on Dr Tejura's registration for a period of six months. The MPTS will send Dr Tejura a letter informing him of his right of appeal and when the direction and the sanction will come into effect.

ANNEX A – 30/05/2022

Application under Rule 41 – Application for part of the hearing to be heard in private

81. At the outset of the hearing, the Tribunal invited submissions pursuant to Rule 41 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules') as to whether the proceedings should be heard in private.

Submissions

On Behalf of the GMC

82. Mr Nicholas Hall, on behalf of the GMC, submitted that matters relating to XXX be heard in private session.

83. Mr Hall submitted that matters relating to Dr Tejura's conviction should be heard in public session but stated that the doctor's conviction is linked to XXX, and therefore he will indicate to the Tribunal when to move into private session.

84. He referred to the previous Tribunal which also granted the application for part of the hearing to be heard in private.

On Behalf of Dr Tejura

85. Mr Mark Ainsworth, on behalf Dr Tejura, submitted that he agreed with Mr Hall's submissions.

The Tribunal's Decision

86. In reaching its determination, the Tribunal had regard to the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act), namely, 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

Tribunal's Decision

87. The Tribunal had regard to Rule 41 of the Rules, which reads as follows:

- (1) Subject to paragraphs (2) to (6) below, hearings before the Committee and a Medical Practitioners Tribunal shall be held in public.*
- (2) The Committee or Medical Practitioners Tribunal may determine that the public shall be excluded from the proceedings or any part of the proceedings, where they consider that the particular circumstances of the case outweigh the public interest in holding the hearing in public.*

XXX

[...]

- (6) [...] the Committee or Tribunal may, where they are considering matters under paragraph (3)[..](b), hold a hearing in public where they consider that to do so would be appropriate, having regard to –*
 - (a) the interests of the maker of the allegation (if any);*
 - (b) the interests of any patient concerned;*
 - (c) whether a public hearing would adversely affect the health of the practitioner; and*
 - (d) all the circumstances, including the public interest.*

88. The Tribunal considered the submissions from both parties and acknowledged that there would be times where matters relating to XXX would be heard in private.

89. The Tribunal noted that the allegations were separated out in relation to each of the grounds upon which Dr Tejura is alleged to have been impaired. It found that the matters relating to Dr Tejura's conviction could be considered in public, but there was no good reason to depart from Rule 41XXX of the Rules and therefore matters relating to XXX would be heard in private. The Tribunal was also mindful that both the GMC and Dr Tejura are represented by professional counsel, capable of recognising the distinction between matters to be heard in private or public and tailoring questions and submissions accordingly.

90. Having balanced Dr Tejura's interests with the public interest in hearings being held in public, and the overarching objective, the Tribunal determined to hear XXX matters in private and the rest of the proceedings in public.

ANNEX B – 30/05/2022

Application under section 35D(5)(a)

91. The Tribunal considered the fact that Dr Tejura’s current order of suspension is due to expire on 22 June 2022. It referred to paragraph 170 in the Sanctions Guidance (November 2019) (The SG).

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

92. The Tribunal noted that it would not be appropriate to allow the current order of suspension to lapse.

The Tribunal’s Decision

93. The Tribunal determined to exercise its power under section 35D of the Medical Act 1983, as amended, to extend the current order of suspension for a period of 1 month from the date on which it is due to expire. It determined that such an extension is necessary, proportionate and in the public interest in order to ensure that appropriate safeguards are in place to cover the intervening period before it can reconvene and conclude its deliberations. The Tribunal did not consider that it would be appropriate for the order of suspension to lapse in that time.

94. The Tribunal considers that this hearing should be rescheduled for an additional day.

95. The hearing is therefore adjourned.