

PUBLIC RECORD

Dates: 22/04/2021 - 23/04/2021

Medical Practitioner's name: Dr Haseeb BABAR
GMC reference number: 7080856
Primary medical qualification: MB BS 2009 University of Health Sciences
Lahore

Type of case **Outcome on impairment**
Review - Deficient professional performance Impaired

Summary of outcome
Conditions, 18 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Miss Anya Lewis QC
Lay Tribunal Member:	Mrs Ann Bishop
Medical Tribunal Member:	Dr Helen Crabtree
Tribunal Clerk:	Miss Olivia Moy

Attendance and Representation:

Medical Practitioner:	Present and not represented
Medical Practitioner's Representative:	N/A
GMC Representative:	Mr Peter Warne, 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 - 22/04/2021

1. The Tribunal does not intend to rehearse the full factual background to Dr Babar's case, as this is set out in previous determinations.
2. This is the fifth review of Dr Babar's case, which was first considered by a Medical Practitioners Tribunal in January 2015 ('the 2015 Tribunal').
3. The 2015 Tribunal found that Dr Babar's professional performance was deficient, on the basis of a GMC performance assessment (PA), which he underwent between 27-29 October 2014. It noted that the PA Team (PAT) found that Dr Babar's professional performance was found to be unacceptable in two areas (Assessment and Maintaining Professional Performance) and a cause for concern in three other areas (Clinical Management, Operative/Technical Skills and Working With Colleagues). It also found that Dr Babar had been dishonest in relation to his interaction with colleagues when his wife had been present at the hospital where he worked, and that this amounted to misconduct. The 2015 Tribunal found Dr Babar's fitness to practise to be impaired by reason of his misconduct and his deficient professional performance. The 2015 Tribunal took the view that Dr Babar's failure to engage with the remedial plan and learning requirements of his FY2 post were concerning as, in its view, this demonstrated that Dr Babar had little insight into the importance for patient safety. The 2015 Tribunal also noted that Dr Babar had failed to produce supportive documentation to demonstrate his remediation. It therefore determined to suspend Dr Babar's registration for a period of six months.

The 2016 Tribunal

4. Dr Babar's case was reviewed on 14 January 2016 ('the 2016 Tribunal'). The 2016 Tribunal considered that Dr Babar had demonstrated insight and taken appropriate steps to remediate his misconduct. It determined that he was no longer impaired on that basis.

5. The 2016 Tribunal, however, was not satisfied that Dr Babar had provided sufficient and satisfactory evidence that his deficient professional performance had met the required standard to practise safely. Accordingly, that Tribunal determined to impose conditions on Dr Babar's registration for a period of 18 months.

The 2017 Tribunal

6. Dr Babar's case was next reviewed on 20 July 2017 ('The 2017 Tribunal'). The 2017 Tribunal was concerned that Dr Babar lacked sufficient insight into the seriousness of the deficiencies identified in the original Performance Assessment. The Tribunal noted that although Dr Babar had made efforts to improve his clinical knowledge, through reading and online education, there was very little material evidence of the specific Continuing Professional Development ('CPD') he had undertaken and it was therefore unable to assess the volume, content or level of achievement.

7. The 2017 Tribunal was also concerned about the absence of reports or testimonials from Dr Babar's supervisor(s), although it acknowledged that this may have been difficult for Dr Babar to provide, given he faced difficulties in gaining employment.

8. The 2017 Tribunal determined that Dr Babar's fitness to practise remained impaired by reason of his deficient professional performance and imposed a further period of conditions for 18 months.

The 2019 Tribunal

9. Dr Babar's case was reviewed on 7 February 2019 ('The 2019 Tribunal'). The 2019 Tribunal noted a difficulty regarding Dr Babar's compliance with the condition to devise a Personal Development Plan ('PDP') approved by his responsible officer. The 2019 Tribunal acknowledged that Dr Babar had found it difficult to secure a clinical post which would allow him to secure a responsible officer and develop a PDP. However, that Tribunal considered that Dr Babar could have secured a responsible officer in other ways, as this was made clear to him when the 2017 Tribunal placed conditions upon his registration.

10. The 2019 Tribunal noted that Dr Babar had failed to provide evidence of any attempts he had made to comply with this condition and also took into account that Dr Babar was advised to devise a PDP at the conclusion of the performance report dated 2 October 2018, and did not take any steps to do so at that point either. The Tribunal therefore concluded that there had been a wilful breach of this condition by Dr Babar.

11. In considering impairment, the 2019 Tribunal took the view that Dr Babar had not ensured compliance with the conditions imposed on his registration and failed to address multiple issues with his performance despite having sufficient time to do so. The 2019 Tribunal concluded that Dr Babar's fitness to practise remained impaired by reason of his deficient professional performance and imposed conditions on Dr Babar's registration for a further period of 18 months. However, it varied the conditions slightly from those imposed by the 2017 Tribunal both to take account of the results of the performance assessment and to address Dr Babar's submission that the current conditions restricted his ability to find work.

The 2020 Review on the Papers

12. On 17 July 2020, Dr Babar's case was reviewed on the papers (RoP) by a Legally Qualified Chair (LQC). The LQC noted that Dr Babar had still been unable to provide sufficient objective evidence of remediation and had not yet undergone a further performance assessment due to Covid-19 related delays.

13. The LQC was concerned about the progress made by Dr Babar and noted that he had not satisfied the conditions which had been in place for a considerable length of time upon his registration, though, he noted, there were reasons for that beyond Dr Babar's control.

14. The LQC determined to impose a further period of conditions for 18 months on Dr Babar's registration.

15. The LQC considered that the period of 18 months would give Dr Babar sufficient time to take steps towards remediation, address concerns raised by the previous Tribunals, develop his insight, and undertake a Performance Assessment.

Performance Assessment September 2020

16. Following the RoP on 17 July 2020, Dr Babar underwent a PA in September 2020 and an early review was scheduled in light of its findings.

Today's Hearing

17. The Tribunal has considered, under Rule 22(1)(f) of the Rules, whether Dr Babar's fitness to practise is currently impaired by reason of his deficient professional performance. In doing so, it has taken into account all of the evidence before it and the submissions made by both parties.

Documentary Evidence

18. The Tribunal had regard to the documentary evidence provided by parties. This evidence included but was not limited to:

- Previous MPT Determinations
- The RoP Determination
- Correspondence between the MPTS and Dr Babar
- Correspondence between the GMC and Dr Babar
- Performance Assessors' Report dated 28 October 2020
- Dr Babar's additional bundle containing emails links to online training he has completed, together with abstracts of publications

Submissions

19. On behalf of the GMC, Mr Warne submitted that Dr Babar remains impaired by reason of his deficient professional performance.

20. Mr Warne rehearsed the background to Dr Babar's case and referred the Tribunal to the PA report dated October 2020. He took the Tribunal through the findings and recommendations of the PAT and reminded the Tribunal that the onus is on Dr Babar to demonstrate that his fitness to practise is no longer impaired.

21. Mr Warne submitted that there is no evidence before the Tribunal to demonstrate that Dr Babar has sought to remediate the concerns regarding his practice and therefore submitted that Dr Babar's fitness to practise remains impaired by reason of his deficient professional performance. He submitted that there is now, in fact, greater evidence of deficient professional performance, given the findings and recommendations of the PAT in October 2020.

22. Dr Babar did not challenge the findings and recommendations of the PAT and did not give or call evidence on the issue of impairment. Dr Babar initially indicated that the issue of whether he continues to be impaired or not is a matter for the Tribunal to decide. In the course of his submissions he accepted that the evidence is that he is impaired by reason of his deficient professional performance.

The Relevant Legal Principles

23. In a review case, in practical terms, there is a persuasive burden upon the doctor to demonstrate that all the concerns which have been identified have been adequately addressed, and that remediation has taken place. If so, a Tribunal might then conclude that the doctor's fitness to practise is no longer impaired.

24. The Tribunal reminded itself that the decision in relation to 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 practice.

25. This Tribunal must determine whether Dr Babar's fitness to practise is impaired today, taking into account his efforts to address the concerns around his practice.

The Tribunal's Determination on Impairment

26. In reaching its decision, the Tribunal bore in mind the statutory overarching objective which is as follows:

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

27. The Tribunal had regard to the following paragraph of Good Medical Practice:

"8. You must keep your professional knowledge and skills up to date."

28. The Tribunal had regard to the performance assessors' report of October 2020, where it was determined that Dr Babar's professional performance was deficient and that he was only fit to practise on a limited basis. The Tribunal noted that the performance assessors' report acknowledged the fact that Dr Babar had not been working as a doctor since 2014. The Tribunal further noted that he had been assessed as a junior doctor working at FY2 level.

29. The PA outlined that Dr Babar's performance was found to be unacceptable in the categories of: Maintaining Professional Performance; Assessment of Patients' Condition; Clinical Management and Relationships with Patients. Dr Babar's performance was found to be acceptable in the category of Working with Colleagues.

30. Due to Dr Babar not being in clinical practice at the time of the assessment, there was insufficient or lack of evidence to make a judgement in the categories of Operative/Technical Skills, Record Keeping and Safety and Quality.

31. The Tribunal took into account the difficulties Dr Babar faced obtaining work given the conditions placed on his practice, as set out in previous Tribunal decisions and further evidenced by documentation provided by Dr Babar. However, the Tribunal noted that Dr Babar did not seek to challenge the findings and recommendations of the PAT which were very clear.

32. The Tribunal was of the view that the deficiencies in Dr Babar's practice identified in the PA represent a clear risk to patient safety. Dr Babar has been out of practice since August 2014 and the most recent PA identified increased concerns about Dr Babar's performance. The Tribunal was of the view that a finding of impairment is necessary to protect, promote and maintain the health, safety and well-being of the public as well as maintaining public confidence in the medical profession and maintaining professional standards.

33. The Tribunal concluded, on the evidence before it, that Dr Babar's fitness to practise remains impaired by reason of his deficient professional performance.

Determination on Sanction - 23/04/2021

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

Factual Witness Evidence

2. At the Sanction stage of proceedings, the Tribunal received oral evidence, via Skype link, from Dr A, Dr Babar's wife.

3. Dr A gave evidence about the difficulties Dr Babar had trying to obtain work whilst under the stringent conditions on his practice.

Submissions

4. On behalf of the GMC, Mr Warne submitted that Dr Babar's existing order of conditions should be amended to reflect the findings and recommendations set out in the PA of October 2020.

5. Mr Warne drew the Tribunal's attention to the PA where the PAT found that Dr Babar is only fit to practise on a limited basis. Mr Warne noted that, in the PAT's view, there is a mandatory requirement for Dr Babar to be directly supervised at all times. Mr Warne also noted that the PAT recommended that Dr Babar should only work in FY1 training or an equivalent post and that he requires a mentor.

6. Mr Warne submitted that no further sanction is necessary at this stage.

7. Dr Babar's position was a little ambiguous. He stated initially that it was fair to put conditions on his practice and commented that he respected Dr B's opinion and that the conditions placed on him should be in accordance with the PA report. He said he did not challenge the conditions that were sought by the GMC. At the same time, he called his wife to give evidence to the Tribunal that he was unable to find work with the conditions in place and indicated, at the end of his submissions, that he hoped that conditions could be put in place to facilitate him securing work and moving on.

The Tribunal's Determination on Sanction

8. The Tribunal was aware that the decision as to the appropriate sanction, if any, to impose on Dr Babar's registration is a matter for this Tribunal alone, exercising its own independent judgement.

9. In reaching its decision on sanction, the Tribunal bore in mind the statutory overarching objective which is as follows:

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

10. In reaching its decision, the Tribunal had regard to relevant paragraphs of the Sanctions Guidance (SG). It has borne in mind that the purpose of a sanction is not to be punitive, although it may have a punitive effect. The Tribunal also had regard to the principle of proportionality and weighed Dr Babar's interests against those of the public.

11. In deciding what sanction, if any, to impose, the Tribunal considered each of the options available starting with the least restrictive.

No action

12. The Tribunal considered whether to conclude Dr Babar's case by taking no action. It noted that following a finding of impairment, taking no action is only considered appropriate

where there are exceptional circumstances for doing so. The Tribunal determined that there were no exceptional circumstances which would justify a decision to take no action. It therefore determined that taking no action would not be appropriate, proportionate or in the public interest.

Conditions

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

14. The Tribunal noted that Dr Babar has already been subject to conditional registration for a considerable period of time and that during this time no progress had been made by Dr Babar and the concerns regarding his practice are yet to be remediated.

15. The Tribunal had regard to the following paragraphs of the Sanctions Guidance which outline where conditional registration might be appropriate:

'81 Conditions might be most appropriate in cases:

b involving issues around the doctor's performance

'82 Conditions are likely to be workable where:

d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.'

16. The Tribunal had regard to the agreed position of the PAT, which concluded that there has been an overall deterioration in Dr Babar's practice:

'The Team's unanimous conclusion was that Dr Babar's performance was deficient and that he did not meet the standards of competence to practise as a FY2 doctor. The Team found evidence of repeated and persistent failure to comply with the professional standards appropriate to the work he did and performance which clearly departs from the performance described in 'Good Medical Practice'

16. The Tribunal had regard to the following recommendations made by the PAT:

- Dr Babar's work should be limited, and he should only work in FY1 training or an equivalent post;
- Dr Babar's work must be directly supervised at all times;
- Dr Babar must not undertake on-call duties or out-of-hours work without direct supervision;

- Dr Babar should have a PDP setting out a plan for continued professional development that addresses the deficiencies identified in this PA. The PDP should identify the planned action, measure and aimed completion date;
- Dr Babar should have an Educational Supervisor to help devise and/or implement a training programme in line with his PDP. The Educational Supervisor must provide feedback to the GMC on Dr Babar’s professional performance and progress against the aims of the PDP;
- Dr Babar should have a mentor, who should be a senior and experienced colleague, who is able to offer guidance, which should be wide-ranging, covering not just clinical work, but also professional relationships and career plans.

17. The Tribunal recognised that Dr Babar has faced practical difficulties remediating because of the conditions on his practice. The Tribunal took into account the evidence of Dr A about the efforts she has undertaken, on Dr Babar’s behalf, to obtain a post for him. She explained to the Tribunal that it had proved an impossible task. The Tribunal also noted the emails provided by Dr Babar demonstrating the difficulties he had faced recently trying to obtain a clinical attachment. The Tribunal noted, however, that Dr Babar had provided limited evidence to demonstrate what other steps he had taken to address the concerns identified with his practice and improve his knowledge and skills. The only evidence before the Tribunal, in this regard, was a short bundle of documents which mainly contained links to material which the Tribunal was unable to access.

18. The Tribunal noted that Dr Babar has demonstrated a level of insight into his deficient professional performance. He did not seek to challenge the findings and recommendations of the PAT and accepted that Dr B was well-qualified to make this assessment. He recognised that he has not been in practice for a long time and clearly said to us that it was important that patient safety be put first.

19. The Tribunal accepted the unchallenged evidence of the PAT and took the view that Dr Babar’s conditions should be amended to reflect all of the recommendations outlined in the PA. The Tribunal took the view that this was a necessary measure in order to protect the health and safety of the public.

20. On reaching this decision the Tribunal recognised that, whilst the conditions were in their view workable, they may present, in practical terms, difficulties for Dr Babar to resume practice. The Tribunal was, however, of the view that the conditions were necessary in order to protect the public and that, therefore, the Tribunal had no choice but to impose them.

21. The Tribunal therefore determined to impose the conditions listed below. The current period of conditional registration will be extended so that it expires 18 months from the 28-day appeal period.

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 14
 - 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 design a personal development plan (PDP), with specific aims to address the deficiencies in the following areas of his practice:
 - Maintaining professional performance
 - Assessment
 - Record keeping
 - Safety and quality
 - Clinical management
 - Operative/technical skills
 - Relationships with patients
 - b. His PDP must be approved by his responsible officer (or their nominated deputy), if he has one or, if not, his mentor.
 - 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) or alternative suitable persons, 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:
 - 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 only work in an FY1 training post or equivalent trust post.
8. He must get the approval of the GMC before working in a non-NHS post or setting.
9.
 - a. He must get the approval of his responsible officer (or their

nominated deputy), before working as:

- i. a locum/in a fixed term contract
- ii. out of hours
- iii. on-call.

b. He must not work until:

- i. his responsible officer (or their nominated deputy) has confirmed approval
- ii. he has personally ensured that the GMC has been notified of the approval of his responsible officer (or their nominated deputy).

10. He must not work in any locum post or fixed term contract of less than three months duration.

11.

a. He must be directly supervised in all of his 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).

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.

12. He must undertake an assessment of his performance, if requested by the GMC.

13. He must have a mentor, who should be a senior and experienced colleague, who is approved by his responsible officer (or their nominated deputy) if he has one.

14. He must personally ensure the following persons are notified of the conditions listed at 1 to 13:

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 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 this person, he must contact the GMC for advice before working for that organisation

c. his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

Review

22. The Tribunal directed that shortly, before the end of the period of conditions, Dr Babar's case will be reviewed by a Medical Practitioners Tribunal in order to review whether any progress has been made in addressing the concerns identified in the PA.

23. The effect of the foregoing direction is that, unless Dr Babar exercises his right of appeal, this decision will take effect 28 days from when the notice of decision is deemed to have been served upon Dr Babar. The current order of conditions will remain in place until the outcome of any appeal is known, in accordance with Schedule 4 paragraph 11(1)(a) of the Medical Act 1983 (as amended). A note explaining his right of appeal will be sent to Dr Babar.

Determination on Interim Order - 23/04/2021

1. Having determined that the current substantive order of conditions should be varied and extended for a period of 18 months, the Tribunal has considered, in accordance with Rule 17(2)(p) of the Rules, whether the interim order currently imposed on Dr Babar's registration should be varied to reflect the substantive order of conditions now imposed on Dr Babar's registration. This matter was heard in private session.

Submissions

2. Mr Warne submitted that the current interim order of conditions on Dr Babar's registration should be varied so that it reflected the substantive order of conditions now imposed by the Medical Practitioners Tribunal, as announced.

3. Mr Warne stated that Dr Babar was put on notice that the Tribunal may, if it considered appropriate, amend the interim order of conditions on his registration. He submitted that the variation of the interim order was necessary to account for the 28 day appeal period before the substantive order took effect.

4. Mr Warne referred the Tribunal to Section 41A(3)(b) of the Medical Act 1983, which states:

“(3) Where an interim suspension order or an order for interim conditional registration has been made in relation to any person under any provision of this section (including this subsection), an Interim Orders Tribunal or a Medical Practitioners Tribunal may, subject to subsection (4) below -

...

(b) vary any condition imposed by the order;”

5. Mr Warne also provided the Tribunal with a copy of the Case Examiner’s decision to refer Dr Babar’s case to an Interim Orders Tribunal, dated 9 December 2020. He added that Dr Babar was put on notice that the Tribunal may, if it considered appropriate, amend the interim order of conditions on his registration.

6. No submissions were made by Dr Babar as to the interim order.

The Tribunal’s Approach and Decision

7. The Tribunal took into account the following:

- Dr Babar was on notice that the Tribunal had the powers to amend or vary the interim order;
- having considered all the evidence before it, and taking into account its overarching duty to protect the public, the Tribunal had found that Dr Babar’s fitness to practise was impaired and that it was necessary to vary his conditions and extend the period of his conditions, to take effect at the expiration of the appeal period in relation to the substantive order;
- the Tribunal had no power to make an immediate order in relation to the variation to the conditions pursuant to section 38(2);
- the Interim Orders Tribunal determined, on 23 December 2020, to make an interim order of conditions on Dr Babar’s registration, following concerns raised about his performance by the PAT in their report dated 28 October 2020;
- Imposing interim orders - Guidance for the Interim Orders Tribunal, Tribunal Chair and the Medical Practitioners Tribunal.

Determination on Interim Order

8. In accordance with Section 41A of the Medical Act 1983, as amended, the Tribunal has determined that it is necessary to vary the existing interim order of conditions to reflect the substantive order of conditions imposed by this Tribunal.

9. The Tribunal has determined that, based on the information before it today, there are concerns regarding Dr Babar’s fitness to practise which may adversely affect the public interest. After balancing Dr Babar’s interests and the interests of the public, the Tribunal considered that an interim order remains necessary to guard against such a risk, particularly

because the substantive order of conditions did not take effect until the expiration of the 28 day appeal period.

10. The interim order on Dr Babar’s registration is therefore varied as follows:

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 14
- 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 design a personal development plan (PDP), with specific aims to address the deficiencies in the following areas of his practice:
 - Maintaining professional performance
 - Assessment
 - Record keeping
 - Safety and quality
 - Clinical management
 - Operative/technical skills
 - Relationships with patients
 - b. His PDP must be approved by his responsible officer (or their nominated deputy), if he has one or, if not, his mentor.
 - 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) or alternative suitable persons, 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:
 - 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 only work in an FY1 training post or equivalent trust post.
8. He must get the approval of the GMC before working in a non-NHS

post or setting.

9. a. He must get the approval of his responsible officer (or their nominated deputy), before working as:
 - i. a locum/in a fixed term contract
 - ii. out of hours
 - iii. on-call.
- b. He must not work until:
 - i. his responsible officer (or their nominated deputy) has confirmed approval
 - ii. he has personally ensured that the GMC has been notified of the approval of his responsible officer (or their nominated deputy).
10. He must not work in any locum post or fixed term contract of less than three months duration.
11. a. He must be directly supervised in all of his 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).
- 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.
12. He must undertake an assessment of his performance, if requested by the GMC.
13. He must have a mentor, who should be a senior and experienced colleague, who is approved by his responsible officer (or their nominated deputy) if he has one.
14. He must personally ensure the following persons are notified of the conditions listed at 1 to 13:
 - 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 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 this person, he must contact the GMC for advice before working for that organisation

c. his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

13. That concludes this case.

Confirmed

Date 23 April 2021

Miss Anya Lewis, Chair