

PUBLIC RECORD

Dr Ullah has lodged an appeal against decisions of this Tribunal. His registration remains suspended while the appeal is considered.

Dates: 01/07/2024 - 03/07/2024
22/08/2024
30/08/2024

Medical Practitioner's name: Dr Kifayat ULLAH
GMC reference number: 7041003
Primary medical qualification: MB BS 2009 University of London

Type of case	Outcome on facts	Outcome on impairment
New - Conviction	Facts relevant to impairment found proved	Impaired

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Andrew Clemes
Lay Tribunal Member:	Dr Amit Jinabhai
Medical Tribunal Member:	Dr Andy Cohen
Tribunal Clerk:	01/07/2024 - 03/07/2024 Ms Keely Crabtree 22/08/2024 and 30/08/2024 Mrs Rachel Horkin

Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Mr Lee Gledhill, Counsel
GMC Representative:	Ms Jade Bucklow, 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 Facts and Impairment - 02/07/2024

1. Dr Ullah completed his MB BS at the University of London in 2009.
2. The allegation that has led to Dr Ullah's hearing can be summarised as follows: that on 5 December 2023 at Wimbledon Magistrates' Court Dr Ullah was convicted of making a false instrument with the intent it is accepted as genuine. It is further alleged that on 8 January 2024 at Kingston Crown Court, Dr Ullah was sentenced to 24 months imprisonment suspended for 24 months, to pay a victim surcharge of £156.00, to pay compensation of £51,902.50, to carry out 250 hours of unpaid work and undertake a rehabilitation activity for 25 days.
3. Whilst working as a locum doctor specialising in ENT at Kingston Hospital Dr Ullah was contracted through the medical recruitment agency MedicsPro. After his shifts Dr Ullah was required to complete handwritten paper timesheets on which he recorded the dates and the hours that he worked. These were then signed off by the hospital and sent to MedicsPro who then made payment to him.
4. Dr Ullah was on a zero hours contract therefore he was only entitled to be paid for the hours he actually worked. He was paid at a rate of £69 per hour. MedicsPro would invoice Kingston NHS Trust and charge the Trust £79 per hour to include the agency fee.
5. Initially Dr Ullah submitted eight timesheets between November 2020 and February 2021, purportedly authorised by the deputy services manager and recorded an additional 208.5 hours which he did not work.
6. Then Dr Ullah submitted thirteen timesheets between February 2021 and June 2021 purportedly authorised by a service manager, which recorded an additional 288 hours which he did not work.

7. Lastly Dr Ullah submitted another six timesheets between 22 March 2021 and 28 June 2021, purportedly authorised by a hospital manager which recorded an additional 161.5 hours which he did not work.

8. Dr Ullah forged signatures of authorising individuals on the timesheets when claiming for the hours he had not worked. The total number of hours that he falsely claimed for was 658 hours.

9. Dr Ullah's false claims resulted in an overpayment to him of £45,402, the total loss to the Trust being £51,982.

The Allegation and the Doctor's Response

10. The Allegation made against Dr Ullah is as follows:

That being registered under the Medical Act 1983 (as amended):

1. On 5 December 2023 at Wimbledon Magistrates' Court, you were convicted of making a false instrument with the intent it be accepted as genuine, contravening the Forgery and Counterfeiting Act 1981. **Admitted and found proved**
2. On 8 January 2024 at Kingston Crown Court, you were sentenced to:
 - a. 24 months imprisonment suspended for 24 months; **Admitted and found proved**
 - b. 250 hours unpaid work; **Admitted and found proved**
 - c. rehabilitation activity for a maximum of 25 days; **Admitted and found proved**
 - d. pay a victim surcharge of £156.00; **Admitted and found proved**
 - e. pay compensation of £51,902.00. **Admitted and found proved**

And that by reason of the matters set out above your fitness to practise is impaired because of your conviction. **To be determined**

The Admitted Facts

11. At the outset of these proceedings, through his representative Mr Gledhill, Dr Ullah made admissions to all paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

Impairment

12. With no facts remaining in dispute, the Tribunal has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved, Dr Ullah's fitness to practise is currently impaired by reason of his conviction.

The Evidence

13. Dr Ullah provided various statements and also gave oral evidence at the hearing. In addition, the Tribunal received written and oral character evidence from Dr A on Dr Ullah's behalf.

14. The Tribunal also received a number of testimonials, all of which it has read in support of Dr Ullah.

Documentary Evidence

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

- Certificate of Conviction dated 17 January 2024;
- Judge's Sentencing Remarks dated 8 January 2024;
- NHS Counter Fraud witness statement from Mr C dated 26 October 2021;
- NHS Counter Fraud witness statement from Ms D dated 22 October 2021;
- NHS Counter Fraud witness statement from Ms E dated 9 November 2021;
- Dr Ullah first witness statement to NHS Counter Fraud dated 12 November 2021;
- Dr Ullah second witness statement to NHS Counter Fraud dated 12 November 2021;
- Emails between Dr Ullah and Mr C dated 21 December;
- Three defence bundles which included but was not limited to many reflective pieces from Dr Ullah, Continuous Professional Development (CPD), certificates, a press report, proof of Dr Ullah's attendance on courses, medical records for XXX and proof of Dr Ullah's qualifications.

Submissions

16. On behalf of the GMC, Ms Bucklow stated that the GMC recognise this was not a case of patient safety concerning Dr Ullah's clinical practice, but the allegations found proved do

engage the second and third limbs of the overriding objective of maintaining public confidence in the profession and proper professional standards and conduct.

17. Ms Bucklow stated that the nature of the allegations and their seriousness was important when considering public confidence. She said that the more serious the allegations are, the more likely that public confidence will be significantly undermined if no finding of impairment was made.

18. Ms Bucklow stated that it was also relevant to consider the seriousness of the allegations when considering whether a finding of impairment is necessary to maintain professional standards and what message needs to be sent to the wider profession about conduct of this nature. Ms Bucklow stated that where there is a serious departure from proper professional standards, a finding of no impairment would significantly undermine public confidence in the regulation of the profession.

19. Ms Bucklow stated that probity and dishonesty had long been regarded by the appeal courts as being at the top end of misconduct, and findings of dishonesty can be enough to justify removal of a doctor from the register. She stated that the misconduct does not have to have occurred in a clinical setting for dishonesty to justify erasure as it was a fundamental tenet of the medical profession.

20. Ms Bucklow referred the Tribunal to the Sanctions Guidance (SG), in particular paragraph 124 which deals with dishonesty outside clinical practice and gives a very specific example of defrauding money. It states that dishonesty is particularly serious because it undermines trust in the profession.

21. Paragraph 124 of the SG also states that clinical competence cannot mitigate serious or persistent dishonesty. Ms Bucklow stated Dr Ullah's dishonesty was serious and persistent in its nature. She stated that it was conducted over a period of time and involved individual separate acts of dishonesty each time a false timesheet was submitted.

22. Ms Bucklow stated that there was arguably a spectrum of dishonesty. She said that some allegations of dishonesty may be considered less serious, or less relevant to a doctor's professional practice. However, she submitted that Dr Ullah's dishonesty lies at the higher end of probity concerns being a conviction for forging timesheets in his role as a doctor in order to defraud the NHS of a huge sum of money over a period of seven months.

23. Ms Bucklow stated that Dr Ullah's dishonesty took place during the COVID 19 pandemic when the NHS was crippled in terms of its resources, both financially and in terms of its staff and patient waiting times. Dr Ullah's conduct was a type of conduct that would impact all of these. She stated that he defrauded the NHS Trust out of money which could have been directed directly towards patient care and services, or towards paying a member of staff who was actually going to be present full-time, providing care that Dr Ullah was being paid for but was not carrying out.

24. Ms Bucklow stated that the dishonesty which gave rise to Dr Ullah's conviction was significant. He did not just add a few hours here and there. She stated that on top of his timesheets Dr Ullah quite literally doubled the amount of work and in some instances, he inflated it. Ms Bucklow stated that Dr Ullah's conduct was repeated over a period of seven months and was sophisticated, involving him amending time sheets.

25. Ms Bucklow stated that Dr Ullah described during his oral evidence what exactly his dishonesty had entailed. He stated that he had scanned the handwritten timesheets in and then amended them using Microsoft Paint by copying and pasting signatures. Dr Ullah altered up to 28 time sheets this way.

26. Ms Bucklow stated that the amount that Dr Ullah defrauded the NHS of was limited only because he was caught and not because he decided to stop what he was doing. Ms Bucklow stated that during his evidence Dr Ullah was not able to tell the Tribunal when he would have stopped although he indicated that it would have stopped because the financial need of XXX became less significant than he believed.

27. Ms Bucklow stated that Dr Ullah's dishonesty ultimately resulted in a serious conviction and that was reflected in the sentence that he received. Dr Ullah received a two-year sentence of imprisonment which is the maximum custodial sentence before it can no longer be suspended. He also received 250 hours of unpaid work out of a maximum of 300. This took into account his guilty plea. Dr Ullah's sentence was suspended for 24 months. He had repaid the compensation within 28 days.

28. Ms Bucklow reminded the Tribunal of Dr Ullah's evidence that despite his representations about the financial need for XXX, he was a high earner at the time. XXX. Ms Bucklow confirmed that the judge had stated that Dr Ullah had brought disgrace on himself and on the profession. She stated that Dr Ullah's conduct was serious because he has breached the trust of the public, his employers and NHS colleagues.

29. Ms Bucklow referred the Tribunal to relevant case law of *Cohen v GMC [2008] EWHC 581 (Admin)*. She also referred the Tribunal to the approach set out by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of *CHRE v NMC & Grant (2011) EWHC 927*. She stated that principles 2, 3 and 4 were engaged.

30. Ms Bucklow stated that insight was important because without it, it was unlikely that there can be meaningful remediation and without fully developed insight there was a risk of repetition. She stated that even if there was a low risk of repetition, a finding of impairment may still be necessary to maintain public confidence in the profession.

31. Ms Bucklow stated that it was clear from the documentation and statements Dr Ullah provided to NHS counter fraud that he did not have insight during the investigation by the NHS. He provided two statements that were not only a denial of the allegations against him but contained further mistruths. He implicated another member of staff at the Trust, Mr C. Ms Bucklow said that this could have had profound consequences for Mr C and indeed the

other managers that he implicated whilst committing this crime. She stated that Dr Ullah made an incredulous statement that he had agreed with Mr C that he could work 22.5 hours but be paid for 45. Ms Bucklow stated that Dr Ullah knew this statement to be untrue at the time because if that was the agreement, he would not have needed to forge the signatures on any time sheets.

32. Ms Bucklow stated that Dr Ullah had plainly been dishonest in his first statement but even when asked to read it today before the Tribunal, he could not make that admission. Instead, he said that was his account of events as they unfolded.

33. Ms Bucklow stated that after much pressing today, Dr Ullah accepted that his account was dishonest, but he struggled to do so. He said on a number of occasions that he understood why this statement may look dishonest. Ms Bucklow stated that this was concerning because Dr Ullah was at a Tribunal almost three years after committing this offence and he appeared to still be struggling to be full and frank about his behaviour behind his conviction.

34. Ms Bucklow stated that by Dr Ullah not telling the truth the public purse incurred further expenses. There was a full NHS counter fraud investigation, the cost implications of bringing a prosecution and the resources / time of NHS staff giving statements. This could all have been avoided if Dr Ullah had told the truth from the start.

35. Ms Bucklow stated that in Dr Ullah's reflective statements, he mentioned XXX as a reason for his offending. She stated that this does not stand up to scrutiny. There is also a lot of emphasis and focus on the implications this has had on him as an individual and his immediate family. Ms Bucklow said that although this would be upsetting and difficult to deal with, these stressors were no different to the life stressors that many doctors face day-to-day, but particularly so during the COVID 19 pandemic. These do not justify the criminal behaviour that he went on to commit. Dr Ullah appears at times to be very focused on the needs of himself and his family rather than the wider public and the implications he was essentially defrauding the NHS.

36. Dr Ullah did not exhaust all the other financial options available to him. When asked about why he did not take a loan Dr Ullah said that he and his family did not like debt. Ms Bucklow stated that it was difficult to understand why defrauding the NHS was more palatable than taking a loan.

37. Ms Bucklow stated that the judge's remarks were very significant and were made at the start of this year. It does not appear that he was persuaded by Dr Ullah's mitigation or remorse. Ms Bucklow stated that the judge described Dr Ullah as greedy and only gave him a suspended sentence because of XXX and the fact that this was his first offence.

38. Ms Bucklow stated that because of the time frames involved, the Tribunal may consider that Dr Ullah's insight in the more recent reflections is in its infancy. She said that

there was an extensive focus on the impact this has had on Dr Ullah, XXX and the concerns that he has for his own career as a result of his own behaviour.

39. Ms Bucklow stated that Dr Ullah was readily able to identify the negative consequences for him, but there was insufficient detail about the impact that his conduct has had on others. She stated that a member of the public fully apprised with the facts behind the conviction and the reasons put forward by Dr Ullah would not think his conduct was justified.

40. Ms Bucklow stated that dishonesty itself can be hard to remediate as it was essentially an attitudinal/ behavioural concern and an issue with one's character. She said that being a good doctor clinically cannot mitigate persistent or serious dishonesty, and so whilst Dr Ullah has provided evidence of patient and colleague feedback in that regard, it can only take the Tribunal so far.

41. Ms Bucklow stated that there was only quite limited remediation by Dr Ullah's own volition. Anything that was done was part of his conviction or by order of the court. It should therefore be considered within that context because Dr Ullah had a prison sentence hanging over him. Ms Bucklow stated that Dr Ullah's charity work was in place before these events, and it is commendable that it's continued. However, it was not remediation specifically directed towards the concerns in this case. Ms Bucklow stated that there are reflections, but they have come late in the day and after his conviction.

42. Ms Bucklow stated that Dr Ullah has not sufficiently addressed or explained how he would avoid falling into this pattern of behaviour again. The stressors that he described are not particularly unusual, they are life stressors. She stated that Dr Ullah will always face some level of pressure. He has not sufficiently addressed within his representations what steps he will take to ensure that his first response would not be to fall into the most extreme of behaviour or criminal conduct and how he will mitigate those stresses. Ms Bucklow submitted that there was a risk of repetition because Dr Ullah's insight was not fully developed, and he has not fully remediated the issues behind the offending.

43. On behalf of Dr Ullah, Mr Gledhill stated that the doctor conceded that his fitness to practise was currently impaired. He referred the Tribunal to the evidence provided by Dr Ullah.

44. Mr Gledhill stated that there was no evidence of any repetition since the index events despite the fact that there are still ongoing health concerns relating to XXX. He stated that this shows he has taken a lot on board over time.

45. Mr Gledhill stated that Dr Ullah acknowledges that a message needs to be sent to him, the public and the profession, that such conduct, which he committed was wholly unacceptable.

46. Mr Gledhill stated that Dr Ullah does not seek to excuse his conduct in any way by the reasoning he has advanced and understands that he contributed to or caused his offending. Dr Ullah also understands that his conduct has significantly undermined public confidence in him. Mr Gledhill did not accept that the focus of Dr Ullah’s remediation had been on himself, and he had not been seeking just to excuse his conduct. He had addressed the question of public confidence on several occasions.

47. Mr Gledhill stated that the additional evidence provided does not in any way seek to go behind the conviction, but the Tribunal can form its view as to the contribution of Dr Ullah’s XXX.

48. Mr Gledhill stated that Dr Ullah was embracing what had occurred and was seeking to understand what took him there to avoid repetition in the future. Mr Gledhill submitted that the risk of repetition was negligible because of the changes that Dr Ullah had put in place which included different family dynamics, a better relationship with his family members to discuss matters. Dr Ullah believes that he will deal with any new pressures in a different way to how he has in the past.

49. Mr Gledhill said that Dr Ullah was held in high regard in the round and that people had been surprised by this out of character conduct. He referred the Tribunal to the testimonials in support of Dr Ullah and the live of Dr A on his behalf.

50. Mr Gledhill stated that Dr Ullah had been offered a job, but he was unable to accept it because of the interim order of suspension. He stated that this shows employers are willing to give him a chance. He reminded the Tribunal of the public interest in retaining a good doctor. He said that Dr Ullah was on a pathway and the public could be confident that there would be no repetition.

The Relevant Legal Principles

51. The decision on impairment is a matter for the Tribunal’s judgment alone. The Tribunal has given careful consideration to all of the evidence that has been adduced during the course of these proceedings. The Tribunal has borne in mind all three limbs of the statutory overarching objective: 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 medical profession.

52. The Tribunal must determine whether Dr Ullah’s fitness to practise is impaired today, taking into account Dr Ullah’s 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.

53. Whilst there is no statutory definition of impairment of fitness to practise, the Tribunal is assisted by the factors identified by the guidance provided by Dame Janet Smith in

the Fifth Shipman Report, as endorsed by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*. The Tribunal should therefore consider whether the practitioner:

'a. Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

b. Has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or

c. Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

d. Has in the past acted dishonestly and/or is liable in the future to act dishonestly in the future.'

54. The Tribunal must determine whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of current impairment were not made.

55. The Tribunal should also consider any paragraphs of Good medical practice 2013 (GMP) it believes are applicable to the decision on impairment.

56. The Tribunal has been provided with a number of testimonials. It will be a matter for the Tribunal to decide the weight to be attached to these documents when determining impairment. They are likely to be of relevance in assessing remediation and the likelihood of any repetition of the conduct found proved.

The Tribunal's Determination on Impairment

Conviction

57. The Tribunal deliberated carefully on all of the evidence and the circumstances of Dr Ullah's conviction. The Tribunal finds that the matters that gave rise to Dr Ullah's convictions would undoubtedly be of serious concern to the public.

58. The Tribunal had regard to the Judge's sentencing remarks:

'You are XXX years of age. You are of previous good character. I have read all of the character references which have been uploaded and indeed the comments from patients which clearly testify to you having been a good and caring doctor. But your actions in my view were not based, did not stem from anxiety or stress, rather out of greed and avarice. You wanted to reduce the hours that you worked but you wanted to maintain your income. You have brought disgrace not only upon yourself but upon your profession. There are no Sentencing Council Guidelines for this offence though I am entitled, and I do have an eye to the fraud guidelines, in particular fraud by false

representation. There has been, as your counsel rightly accepts, an abuse of your position and responsibility and therefore, in terms of culpability it is Category A, high culpability. In terms of harm, given the loss to the Trust, it is Category 3. It seems to me also of relevance is this was misuse of public funds. It was over a period of about seven months and everyone who reads the news or watches the news will know that the one organisation that cannot afford to lose large sums of money is the NHS because monies which are wrongly taken from that organisation is depriving those monies from going towards caring for the people of this country. You pleaded guilty in the Magistrates' Court. You are entitled to full credit. This is so serious that it clearly crosses the custody threshold. If this matter had gone to trial, the sentence that I would impose upon you would be three years' custody. Given your plea of guilty, that reduces the sentence to 24 months' custody. Because that in my view, is the appropriate sentence, I must then consider the Sentencing Council's Guidelines in terms of sentences within the community. And when I do, I have an eye to the fact that you XXX. Also, the fact that given this is your first offence, it seems to me right, particularly when I bear in mind the character references, to conclude that you are capable of rehabilitation. It seems to me also that the disgrace you have brought upon yourself is a significant punishment. Therefore I will suspend the sentence.'

59. The Tribunal has determined that, by his criminal conviction, Dr Ullah brought the medical profession into disrepute. His conviction, and the facts underlying it as described by the trial Judge, demonstrate that his offending was a sophisticated offence at the upper end of the scale of seriousness.

60. The Tribunal noted that Dr Ullah had asserted his innocence throughout the NHS investigation. He did not accept any culpability and made two completely false statements when he was being interviewed. Dr Ullah suggested that he was not claiming hours that he was not entitled to and had a verbal agreement with the Trust's service manager that he could continue to claim 45 hours of work whilst only working for 22.5 hours. Dr Ullah did not take any responsibility for his actions until his case was heard at the Magistrates Court in December 2023, when he entered a guilty plea.

61. The Tribunal has considered to what extent Dr Ullah has remediated the effect of his conviction. Dr Ullah told the Tribunal that XXX were the prime driver behind what he did. However, the Tribunal was not satisfied that the entire motive was based on this, although it considered it to be a stressor that exacerbated it.

62. The Tribunal noted Dr Ullah's reflective statement. It found that the weight of his reflections were about how his actions had affected him. There was little acknowledgement of how his conviction affects the wider public interest and the negative impact his conviction will have on the reputation of the profession and public confidence in it. The Tribunal considered that his insight was not fully developed and is in its infancy. It also considered therefore that there remained a risk of repetition, albeit low.

63. The Tribunal had regard to Good Medical Practice ('GMP') and considered that the following paragraphs were engaged in this case: 36, 65, 71 and 77.

64. The Tribunal concluded that Dr Ullah's actions and conviction has breached fundamental tenets of the medical profession and has undermined public trust in the profession.

65. In all the circumstances, the Tribunal concluded that a finding of impairment was necessary in this case to maintain public confidence in the medical profession and to uphold proper professional standards and conduct for members of the medical profession.

66. The Tribunal considered that a reasonable and well-informed member of the public would be surprised and shocked if a finding of impairment were not made in this case. Therefore, the Tribunal concluded that Dr Ullah's fitness to practise is impaired by reason of his conviction.

Determination on Sanction - 22/08/2024

67. Having determined that Dr Ullah's fitness to practise is impaired by reason of a conviction, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

68. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

69. In addition, Dr Ullah provided:

- An additional statement dated 2 July 2024;
- XXX;
- XXX;
- XXX.

70. The Tribunal had also received written and oral character evidence from Dr F on Dr Ullah's behalf.

Submissions

71. On behalf of the GMC, Ms Bucklow submitted that the second and third limbs of the overarching objective are engaged in this case: to promote and maintain public confidence in the medical profession and to promote and maintain proper professional standards. She

submitted that the appropriate sanction was the erasure of Dr Ullah from the medical register.

72. Ms Bucklow referred the Tribunal to the Sanctions Guidance (February 2024) (SG), in particular paragraphs 16, 20, 21, 24 and 25.

73. With regard to mitigating factors, Ms Bucklow stated that Dr Ullah pleaded guilty to the offence eventually in the Magistrates Court last year. He only very recently in February of this year, sent an apology email to the trust. Dr Ullah has provided references and testimonials; however, it will be for the Tribunal to consider what weight to attach to them when they are measured against the gravity of a conviction of this nature, which is a dishonesty offence.

74. Ms Bucklow stated that insight can be a mitigating feature for a doctor, but it was important for the Tribunal to consider when that insight was developed and what steps have been taken to remediate and the stage and context in which any remediation was undertaken.

75. In regard to aggravating factors, Ms Bucklow stated that Dr Ullah's steps towards remediation had been late, as was the timing of any insight.

76. Ms Bucklow submitted that the seriousness of the allegations was an important factor when considering what sanction was necessary in order to meet the overarching objective. She said that this was a serious criminal conviction for forgery, which, if there had been a trial, the judge indicated would have attracted a three-year custodial sentence. This sentence was reduced to two years, to reflect Dr Ullah's guilty plea, that being the maximum sentence that could be passed for a suspended prison sentence. Ms Bucklow stated that Dr Ullah was in the very early stages of his suspended sentence, which was imposed at the start of this year, meaning that there is the best part of two years of the order outstanding. She stated that Dr Ullah has to undertake 250 hours of unpaid work, the maximum being 300 hours. Dr Ullah had also received a significant order to complete 25 days of rehabilitation activities, as well as being ordered to repay over £50,000 pounds in compensation and £5,000 in prosecution costs.

77. Ms Bucklow stated that the judge took a very dim view of Dr Ullah's conduct. She reminded the Tribunal of the judge's sentencing remarks. Ms Bucklow reminded the Tribunal that this was an experienced judge who sees a full array of cases and offences yet he still considered that Dr Ullah's conduct was very serious and justified a sentence of imprisonment, albeit suspended.

78. Ms Bucklow stated that Dr Ullah's case was publicised in the press which caused a degree of public outcry and concern because by all accounts he was depicted as a doctor living an extremely privileged lifestyle while defrauding the NHS which was under unprecedented pressure due to the COVID-19 pandemic.

79. Ms Bucklow noted that Dr Ullah had said that the money was for XXX, but he appeared to be someone who earned potentially £XXX a month. He felt that he should not have pay for the XXX himself or incur any debt to pay for XXX. This was a time when the NHS was dealing with the COVID-19 pandemic and arguably was still recovering from that with waiting times at their highest and with junior doctors striking because of pay and working conditions.

80. Ms Bucklow stated that the Tribunal may need to consider what members of the public and other members of the profession would say and how they would view Dr Ullah's actions, but also the reasons he has given for his actions within that context. She said that it came across as an extraordinary sense of entitlement. Ms Bucklow stated that Dr Ullah had approached his manager and had been given flexibility to XXX and had his working hours amended. This was not something that suited the NHS as they needed somebody in a full-time post but they viewed this as a compromise. However, what they could not do was meet Dr Ullah's request of ensuring that he earned the same amount of money for working half the number of hours. This was clearly something that Dr Ullah was not willing to accept. Ms Bucklow stated that almost immediately after that, it appears Dr Ullah set about forging his timesheets to ensure that he did still receive the income that he wanted. Dr Ullah went about this with forethought, and it was relatively sophisticated in that it took various stages to undertake. It was repeated across 28 or 29 timesheets and Dr Ullah accepted in his evidence that he had only stopped because he was caught.

81. Ms Bucklow argued that the way in which Dr Ullah went about his dishonest conduct, how it was carried out and how long it was carried out for was important and relevant because it brings the conduct into the category of serious and /or persistent dishonesty which is specifically dealt with in the SG at paragraphs 124 and 128 where it states that dishonesty which is persistent and / or covered up was likely to result in erasure. Ms Bucklow submitted that this dishonesty falls within that category. Ms Bucklow submitted that there was a question mark over the veracity of what Dr Ullah was saying and it should be treated with a healthy degree of scepticism as to what, if any, role the needs to pay for XXX had in his offending. Furthermore, it was not backed up by evidence.

82. Ms Bucklow stated that there was evidence of XXX, some seven or eight months after Dr Ullah started defrauding the NHS and it was for a modest sum. It was not for the £XXX that he told the Tribunal in his oral evidence. Ms Bucklow noted that the cost that Dr Ullah suggested led to his offending never transpired, and XXX. She said it was important to look at that chronology of XXX alongside Dr Ullah's offending and whether it was consistent with his justification because there were no great big bills for him to pay at the time of his offending. Ms Bucklow submitted that Dr Ullah was asking the Tribunal to accept that he started his offending due to possible costs for XXX some way down the line. He had not attempted to pay for any of it himself before he started forging timesheets. She stated that it was not as though Dr Ullah was being chased by anyone for debts that he could not pay. Ms Bucklow stated that the Tribunal may consider that people are drowning in bills before they resort to crime of this nature.

83. Ms Bucklow stated that the Tribunal was being invited by Dr Ullah to Google the potential cost of XXX because he was unable to provide any evidence of the quote he received XXX. This was despite it being of significant importance in terms of his reasoning for his conduct. If indeed it was at all going to be paid by Dr Ullah. Ms Bucklow submitted that there was a fairly big question mark over that and the amount that was going to be incurred, which was certainly something that Dr Ullah did not mention at all in his statement to the NHS counter fraud team in November 2021. Furthermore, the figure that Dr Ullah has come up with as a prospective cost for XXX was a figure that he had come up with to justify defrauding the NHS of the amount that he did.

84. Ms Bucklow submitted that dishonesty by defrauding an employer was specifically dealt within the SG in that dishonesty within someone's professional practice itself increases the seriousness. Ms Bucklow stated that it was directly linked to Dr Ullah's role as a medical professional and had arisen within that context. She stated that dishonesty itself had long been established within case law as falling at the top end of misconduct because probity was a fundamental tenet of the profession. She submitted that the dishonesty in this case was of that type. It resulted in a criminal conviction and related to his profession as a doctor and the victim in it was the NHS and the public purse.

85. Ms Bucklow stated that even a one-off incident of dishonesty can be sufficient to justify removal from the register and indeed Dr Ullah who has been dishonest was aware of the significant risk.

86. Ms Bucklow referred the Tribunal to the case of *Nicholas-Pillai v GMC* [2009] EWCA 1048, in particular paragraph 27 where Justice Mitting stated as follows;

'These cases always result in the balancing of one public interest against another. In cases of actual proven dishonesty, the balance ordinarily can be expected to fall down on the side of maintaining public confidence in the profession by a severe sanction against the practitioner concerned. Indeed, that sanction will often and perfectly properly be the sanction of erasure, even in the case of a one-off instance of dishonesty' and this has been endorsed in a number of cases since and in the appeal courts.

87. Regarding insight, Ms Bucklow said that Dr Ullah's willingness to admit what he had done, came very late. He had no insight or conscience about what he was doing at the time of his offending, or indeed after he was caught, he was not full and frank with NHS counter fraud. In fact, he has now accepted that he was dishonest during the investigation by NHS counter fraud. Ms Bucklow stated that Dr Ullah had said in his evidence, somewhat unclearly, that it appeared to be that he was unable to be as forthcoming as he wanted to be because of legal advice. However, this has to be dealt with, with a healthy degree of scepticism. Ms Bucklow stated that Dr Ullah was interviewed by NHS counter fraud and was given the opportunity to provide a written statement. He then provided two statements that were plainly dishonest. Ms Bucklow stated that perhaps a more realistic view was that Dr Ullah was waiting to see if he got charged with these offences before he made any admissions.

88. Ms Bucklow pointed out that it was with some difficulty, before this tribunal, that Dr Ullah was able to grapple with the fact that he was not full and frank in his statements to NHS counter fraud. This was problematic, coming some years after the offending before a fitness to practise Tribunal. Ms Bucklow stated that to have that degree of recognition unfolding was of some concern and that there were clearly some significant limitations to his insight.

89. Ms Bucklow accepted that Dr Ullah pleaded guilty to these offences, but there was very little evidence of insight or remediation before that point, which was at the very end of 2023. It was only after his sentencing in January this year that he appeared to turn his mind to apologising to the Trust. She stated that much of the evidence of remediation he had done was because they were part of the court order and should be seen as such.

90. Ms Bucklow stated that the concern the Tribunal may feel was that Dr Ullah in his reflective statements has focused on the impact that this had on himself rather than on the wider public and his colleagues. He also had not really addressed the root cause of his offending and he was blaming external stressors for his conduct which were not particularly unique and are likely to be stressors that may occur in different forms throughout one's life. Furthermore, Dr Ullah had not particularly addressed how he would prevent this from reoccurring.

91. Ms Bucklow stated that remediation in cases of this nature was difficult because dishonesty was essentially a behavioural concern and a flaw in one's character. It was a matter for the Tribunal whether it considers the doctor's failings were irremediable.

92. Ms Bucklow stated that it had to be accepted that conditions were not appropriate in a case of this nature, nor were they designed or suitable to address this kind of fitness to practise concern. She submitted that suspension was not appropriate because suspension was for conduct that falls just short of being fundamentally incompatible with the profession. This conduct does not fall short of it – the conduct was fundamentally incompatible with registration on the medical register.

93. Ms Bucklow argued that in order to impose a sanction of suspension, the Tribunal would also need to be satisfied that the doctor has insight. She submitted that for the reasons addressed, erasure was necessary in this case to maintain public confidence in the profession because this is a type of conviction which arose from serious and persistent dishonesty in which the victim was the NHS. Because the public relies on the NHS, it is incompatible with being a doctor.

94. Ms Bucklow referred the Tribunal to paragraph 107 of the SG, which deals with factors that may indicate erasure. At paragraph 109(a) of the SG, it indicates that erasure may be appropriate where there has been a particularly serious departure from GMP. Ms Bucklow stated that this was such a case as it was conduct that brought the profession into disrepute. It was dishonesty within the doctor's financial dealings.

95. Ms Bucklow referred the Tribunal to paragraph 109 (h), a factor that may indicate erasure was appropriate is where the dishonesty was persistent and/or covered up. She stated that this was a case where the dishonesty that led to the conviction was persistent. Indeed, it only stopped by the doctor being caught. At paragraph 109 (j) it indicates that where there is persistent lack of insight, erasure may be appropriate. Ms Bucklow stated that insight in this case was quite literally developing in front of the Tribunal with further admissions that were prompted by cross examination or questions from the Tribunal. Ms Bucklow submitted that the Tribunal cannot be satisfied that there really is the level of insight required. She stated that Dr Ullah appeared to be reacting to what was put to him.

96. Ms Bucklow submitted that the minimum sanction necessary in this case was one of erasure in order to maintain public confidence and maintain proper professional standards. She stated that it was extremely difficult to reconcile a conviction of this nature and the conduct behind it with being able to continue in the profession. A profession which is wholly reliant and underpinned by the integrity of its members.

97. On behalf of Dr Ullah, Mr Gledhill submitted that in the circumstances of this case, imposing an order of erasure would be a step too far. He stated the GMC had relied upon Dr Ullah's conduct being incompatible with the practice of medicine. However, whilst that was a starting point for various offences, the steps that a doctor takes after an offence, does, on occasions, lead to rowing back from that ultimate sanction and instead imposing a 12-month suspension with a review.

98. Mr Gledhill stated that Dr Ullah was still serving his sentence, and should the Tribunal choose to impose an order of suspension of 12 months with a review, the remainder of the sentence to be served by the time of the review would require the next Tribunal to impose conditions. He said this was a standard procedure well embedded to deal with such situations.

99. Mr Gledhill referred the Tribunal to the case of *Lusinga v Nursing and Midwifery Council 2017, England and Wales High Court, 1458 Admin*, in particular paragraph 102. He argued that this reinforces the point that a doctor can give back a significant amount and in an already pressured system, with doctors leaving the profession, there was a need for good doctors. He said it was quite clear that, but for Dr Ullah's offending, there was no evidence of an incompatibility with the practice of medicine from a competence point of view.

100. Mr Gledhill stated that Dr Ullah had dedicated his life to medicine and sought to make a difference. Furthermore, his invention that he showed the Tribunal is an important development to assist with addressing a patient's hearing and he wished to continue doing that. He stated that the Tribunal could see the personal satisfaction and joy for Dr Ullah from being able to bring about changes.

101. Mr Gledhill stated that Dr Ullah was a very fine doctor held in high regard, and whose competence and commitment was not doubted. He reminded the Tribunal of the large number of glowing testimonials from colleagues who vouch for Dr Ullah. He stated that these

need to be read and contextualised and weighted properly. They give a lot of weight to him being a great doctor.

102. Mr Gledhill argued that the reasoning the Tribunal may adopt for allowing Dr Ullah to continue in practice was that a sanction of suspension was not a “slap on the wrist” but a very significant sanction which prevents a doctor from earning an income during the period they are suspended. Therefore, there was a significant, indirect punitive effect that will cause ongoing hardship to Dr Ullah and his family. Mr Gledhill stated that there had been an impact on this family finances because of an interim order of suspension.

103. Mr Gledhill argued that the Tribunal was entitled to take into account the fact that Dr Ullah has been suspended in the interim and this could form part of the Tribunal’s analysis when considering disposal and feed into whether there would need to be a lengthy period of suspension or not. However, Dr Ullah recognises that the offences that he committed were absolutely wrong and very serious. They may be viewed as being towards the top end of serious. Notwithstanding that, Dr Ullah has taken steps to make changes in his personal life and now has a much better relationship with his family, XXX.

104. Mr Gledhill stated that Dr Ullah had been forced to confront probity matters with XXX. XXX. Mr Gledhill reiterated that there had been a profound impact within the family, but that had also led to a greater dialogue between family members about supporting Dr Ullah and not leaving him in isolation to have to deal with such matters. Mr Gledhill said that Dr Ullah had been the key person in the family, someone who everyone went to and perhaps in hindsight, it was too much responsibility without negotiating a different approach. He stated that there had been a sea change which had really made a difference to him managing his own life moving forward and touched on the reduced risk of repetition. Dr Ullah feels that he is in a very different place moving forward. Mr Gledhill stated that the index pressures that he had prayed in aid by way of mitigation and not by way of excuse, are no longer there.

105. Mr Gledhill submitted that Dr Ullah dealt with questions of pressures moving forward and believes that he now has a much better insight into himself to be able to manage his own expectations of himself and handle things in a different way.

106. Mr Gledhill stated that the GMC had made reference to Dr Ullah saying to the NHS fraud team that he was not dishonest. However, this had not been formally charged by the GMC. Mr Gledhill stated that it was important not to load the case against a doctor because they have denied matters. He stated that the denial of dishonesty to NHS Fraud falls within the category of ongoing denial. He submitted that the Tribunal should approach that evidence with great caution.

107. Mr Gledhill referred the Tribunal to the cases of *Ahmedsowida v GMC [2021] EWHC 3466 (Admin)* and *Sawati V GMC [2022] EWHC 283 (Admin)*.

108. Mr Gledhill submitted that it appeared that Dr Ullah had found it difficult when answering questions put to him by the GMC. They were varied questions, but when asked if

he admitted that he was dishonest to the NHS, his answer was yes. Mr Gledhill submitted that the starting point of true development of insight was from the date of his entering a guilty plea at the Magistrates Court.

109. Mr Gledhill invited the Tribunal to use great caution when it came to Dr Ullah's earlier rejected defence if it was to be weighted as an aggravating feature in light of case law. He referred the Tribunal to its attachment of weight / observation of that history in its impairment determination. He submitted that the history was relevant, but it was the point in time of the Magistrates Court that should be focused upon. However, the fact that somebody has denied something over a long period of time was relevant to insight.

110. Mr Gledhill referred the Tribunal to its impairment determination, in particular the assessment of the evidence at that point relating to Dr Ullah's insight being in its early development. He stated that there was a lot of material within the initial bundle that may need nuanced reading. Furthermore, the statement that Dr Ullah has presented at this stage of proceedings may assist the Tribunal in that more nuanced reading of what he has stated before was required. Mr Gledhill submitted that the new statement moves his insight on from the findings at the impairment stage and that by the sanction stage, Dr Ullah had provided further evidence of insight so that the Tribunal may feel able to revise its view.

111. Mr Gledhill stated that the statement touches upon what Dr Ullah had done before and joined up everything he had learned as well as his various reflections on what he has been doing with Probation and the 25 days that he had been ordered to attend rehabilitation activity. He stated that Dr Ullah will continue to work with Probation. It also details the impact of his actions on the public and the NHS.

112. Mr Gledhill stated that Dr Ullah had been exploring the impact on public interest in various ways, even if he had not been able to articulate this as much as the Tribunal would have liked. Mr Gledhill stated that there was evidence of extensive analysis of the impact of his conduct on the public interest and, in his latest statement he acknowledged that the Hippocratic Oath was there to do good by others and to society in general.

113. Mr Gledhill stated that Dr Ullah acknowledged that he had not been able to reach that standard or maintain that standard due to his offending but wished to make amends to the NHS and to society moving forward. Furthermore, a period of 12 months' suspension would be a period for further reflection and further remediation.

114. Mr Gledhill stated that Dr Ullah had explained in his statement that he does not intend to stop remediating because in light of the history, he was going to have to evidence to others and prove to himself that he has conquered this. Mr Gledhill argued that if the Tribunal was still of the view that Dr Ullah's insight was in its early stages, then he would have ample opportunity over the next 12 months to develop it further and then present that evidence at a review hearing. If at that review hearing the new Tribunal was unhappy with the evidence that Dr Ullah provides, it was at that point in time, that all options are open to it, including the ultimate sanction of erasure.

115. Mr Gledhill stated that there was therefore a lot of attractive regulatory elements of machinery that are there to reinforce that a suspension was not just a slap on the wrist. There are safeguards to ensure that when Dr Ullah returns, he will be a fit and proper person to do so.

116. Mr Gledhill reminded the Tribunal that Dr Ullah had paid back the compensation of almost £52,000, paid a victim surcharge and CPS costs of around £5000-6,000.

117. In relation to MPTS published cases, Mr Gledhill stated that the Tribunal will be aware that there are doctors who were not erased from the register for fraud. Furthermore, there was not one ultimate sanction for all dishonesty. Mr Gledhill stated that each case had to be uniquely assessed on the material which the Tribunal had before it.

118. Mr Gledhill pointed out that, within the paperwork, Dr Ullah had presented a reflection on peer discussion with his colleague Dr A. They had discussed at length what it was to be a doctor and the offence that Dr Ullah had committed and steps he had taken since. Mr Gledhill stated that Dr Ullah had sought to explore with people he trusted about what had happened despite the embarrassment of engaging with others and being transparent. He submitted that Dr Ullah had not sought to hide anything, downplay or minimise his responsibility for what has happened.

119. Mr Gledhill reminded the Tribunal of being cautious about attaching negative weight to a family's position, pointing out Dr Ullah's cultural heritage, where incurring interest by borrowing money is discouraged. He submitted that this must be dealt with with great care.

120. Mr Gledhill concluded that the GMC had made a lot of reference to the amount Dr Ullah received in relation to the written evidence. He said that Dr Ullah had explained that he was given various costings for XXX and what was potentially required over a period of time. Mr Gledhill stated that there was no reason to doubt that this evidence was true.

The Tribunal's approach

121. The Tribunal reminded itself that there is no burden or standard of proof at this stage and the Tribunal should consider each case on its own merits.

122. The Tribunal had regard to the SG including the guidance on the approach it should take and the sanctions available to it.

123. The Tribunal noted that the main purpose of imposing a sanction is to protect the public. Its purpose is not to punish, although it may have a punitive effect. When imposing a sanction, it must be proportionate and impose the least restrictive sanction necessary.

124. The Tribunal must consider mitigating and aggravating features in the case and weigh them accordingly.

The Tribunal’s Determination on Sanction

Aggravating and Mitigating Factors

125. The Tribunal considered the aggravating and mitigating factors in this case. In relation to aggravating factors, the Tribunal had regard to the sentencing remarks of the Crown Court judge. The Tribunal was of the view that the factual background of Dr Ullah’s criminal conviction also revealed several aggravating features.

Aggravating Factors

126. The Tribunal first reminded itself that Dr Ullah received a serious criminal conviction for forgery, which, after trial, the judge indicated would have attracted a three-year custodial sentence had Dr Ullah not pleaded guilty. The Tribunal considered that Dr Ullah’s actions - occurring between November 2020 and June 2021 - were sustained and repeated and would have required planning and forethought. Dr Ullah acknowledged in his evidence that he only stopped because he was caught.

127. The Tribunal reminded itself that the offending took place during the Covid 19 pandemic when the NHS was under unprecedented pressure. His Honour Judge G made reference to this in his sentencing remarks:

“It seems to me also of relevance is this was misuse of public funds. It was over a period of about seven months and everyone who reads the news or watches the news will know that the one organisation that cannot afford to lose large sums of money is the NHS because monies which are wrongly taken from that organisation is depriving those monies from going towards caring for the people of this country.”

128. The Tribunal considered that the offence relates directly to Dr Ullah’s work as a doctor and constitutes an abuse of his professional position. This is also reflected in the sentencing remarks of His Honour Judge G:

“There has been, as your counsel rightly accepts, an abuse of your position and responsibility and therefore, in terms of culpability it is Category A, high culpability.”

129. The Tribunal was concerned with the way that Dr Ullah conducted himself during the NHS investigation, initially describing these events as a “misunderstanding” and stating that he had:

“a verbal arrangement with Mr C (XXX) that even though my days in clinic physically were reduced, I could still claim the same 45 hours by adding additional patients to my clinic.”

Dr Ullah admitted that he was dishonest during the NHS counter fraud interview in his Sanction Stage Statement:

“I acknowledge and accept the findings of the tribunal regarding my dishonesty during the NHS Counterfraud interview. I accept that my actions were dishonest, and this dishonesty extended to my interactions with the NHS counter Fraud team.

...

The NHS interview period was of significant stress for me...Despite these stressors, I recognise that my statements were dishonest and I failed to act with integrity.”

130. The Tribunal considers that Dr Ullah’s actions have damaged the reputation of the medical profession as well as public trust in the same. This is once more echoed in His Honour Judge G’s sentencing remarks:

“You have brought disgrace not only upon yourself but upon your profession.”

131. The Tribunal found that, in committing these offences, Dr Ullah breached fundamental tenets of GMP and defrauded his employer:

*“125 Examples of dishonesty in professional practice could include:
a defrauding an employer”*

132. The Tribunal is concerned that Dr Ullah’s insight remains ongoing and is in its infancy. It reminded itself that the document provided by Dr Ullah, “Sanction Stage Statement” was only written on 2 July 2024 in response to and having seen the Tribunal’s findings on impairment.

Mitigating Factors

133. In relation to mitigating factors, the Tribunal noted Dr Ullah’s developing insight and that he had pleaded guilty when first asked at the Magistrates Court. The Tribunal further noted that Dr Ullah apologised to the Trust in an email dated 7 February 2024:

“First and foremost, I want to express my profound remorse for the forgery of timesheets, which has resulted in me receiving a criminal conviction. I fully acknowledge the seriousness of my offense and the harm it has caused to the trust, its staff, patients, and the wider NHS community. I take full responsibility

for my actions and the consequences they have brought upon myself and others.”

134. The Tribunal acknowledged Dr Ullah’s extensive reflection and that he has undertaken relevant CPD. However, the Tribunal noted that all of the CPD courses postdate Dr Ullah’s conviction in January 2024. The Tribunal considered that the lateness of this CPD goes some way to demonstrating that Dr Ullah’s insight remains at a very early stage.

135. The Tribunal notes that Dr Ullah has no other fitness to practise history.

136. The Tribunal has given consideration to the many positive testimonials received from Dr Ullah’s colleagues as well as positive patient feedback.

No action

137. The Tribunal first considered whether to conclude the case by taking no action.

138. The Tribunal determined that, in view of the serious nature of the conviction and its findings on impairment, it would be neither sufficient, proportionate nor in the public interest to conclude this case by taking no action. The Tribunal determined that there were no exceptional circumstances and therefore there could be no justification to conclude the case by taking no action.

Conditions

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

140. The Tribunal concluded that, even if conditions were proportionate, it would not be possible to formulate any conditions which would adequately address Dr Ullah’s conduct and would therefore not be workable.

141. Accordingly, the Tribunal determined that it would not be sufficient, appropriate or proportionate to direct that conditions be imposed on Dr Ullah’s registration. The Tribunal concluded that an order of conditions would not adequately maintain trust and confidence in the medical profession.

Suspension

142. The Tribunal then went on to consider whether imposing a period of suspension on Dr Ullah’s registration would be appropriate and proportionate.

143. The Tribunal acknowledged that suspension has a deterrent effect and can be used as a declaratory signal to the doctor, the profession, and to the public about what is regarded as behaviour unbecoming of a registered doctor.

144. The Tribunal took account of the following paragraphs of the Sanctions Guidance which indicate circumstances in which it may be appropriate to impose a sanction of suspension:

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

'92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).'

145. The Tribunal considered that Dr Ullah's conduct constituted several breaches of GMP including paragraphs 1, 12, 36, 65, 71, 77,

1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.

12. You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work

36. You must treat colleagues fairly and with respect.

65. You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.

71. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading...

77. You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals

146. The Tribunal found that Dr Ullah’s actions clearly breached fundamental tenets of the profession. The Tribunal was satisfied that the identified breaches represented a significant departure from GMP. The Tribunal found that Dr Ullah’s conduct could undermine public confidence in the profession.

147. The Tribunal was of the view that because of the seriousness of Dr Ullah’s offence and limited insight, it could not conclude that suspension was the appropriate sanction. The Tribunal was satisfied that the circumstances of Dr Ullah’s case were such that his actions were fundamentally incompatible with continued registration.

Erasure

148. In reaching its decision regarding erasure, the Tribunal has considered paragraphs 108, 109 and 128 of Sanctions Guidance:

108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.

109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.

b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.

...

d Abuse of position/trust (see Good medical practice, paragraph 81: ‘You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession’)

...

h Dishonesty, especially where persistent and/or covered up

...

J Persistent lack of insight into the seriousness of their actions or the consequences.

128 Dishonesty, if persistent and/or covered up, is likely to result in erasure.

149. The Tribunal took care to remind itself that the Allegation against Dr Ullah had been worded with impairment arising from his conviction but was satisfied that the offence to which he had pleaded guilty involved a large element of dishonesty and that he had also behaved in a way that lacked probity during the time that he was being investigated. His dishonesty had been persistent, and he had tried to cover it up on a number of occasions including when he was interviewed, also seeking to deflect blame onto colleagues.

84. In all of the circumstances above, the Tribunal concluded that Dr Ullah's interests are outweighed by the need to maintain public confidence in the profession and to declare and uphold proper professional standards of conduct and behaviour. In reaching this conclusion the Tribunal applied the judgement set out in *Bolton v The Law Society [1993] EWCA Civ 32 (06 December 1993)*:

“16 [...]The reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits, but that is a part of the price.”

150. The Tribunal found that the only appropriate sanction in this case is to direct that Dr Ullah's name is erased from the medical register. The Tribunal concluded that a sanction of erasure was the only sanction that would adequately mark the seriousness of Dr Ullah's conduct and be sufficient to uphold the statutory overarching objective.

151. The Tribunal therefore determined to erase Dr Ullah's name from the medical register.

Determination on Immediate Order - 23/08/2024

152. Having determined to erase Dr Ullah's name from the medical register the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Ullah's registration should be subject to an immediate order.

Service and Proceeding in the Doctor's Absence

153. Dr Ullah is neither present nor represented today. The Tribunal has borne in mind that it is the responsibility of Dr Ullah to keep his registered email address up to date with the GMC, and that the notice of hearing was sent by email to the doctor's current registered email address on 23 August 2024. The Tribunal has decided that notice of this hearing has been served in accordance with Rule 40 of the General Medical Council (Fitness to Practise) Rules 2004 and paragraph 8, Schedule IV of the Medical Act. The Tribunal has had sight of an email received from Dr Ullah on 28 August 2024 which indicated that he is aware of today's hearing, will not be attending or seeking an adjournment.

154. The Tribunal has balanced Dr Ullah’s interests with the public interest in deciding whether to proceed in his absence. In accordance with Rule 31, it is appropriate to proceed in Dr Ullah’s absence. The Tribunal is satisfied that Dr Ullah has been properly served with notice of these proceedings and has voluntarily absented himself. It was also of the view that Dr Ullah has not requested an adjournment and, as an adjournment would not guarantee Dr Ullah’s attendance at a later hearing, an adjournment would serve no useful purpose. In accordance with Rule 31, the Tribunal considers that it is appropriate to proceed in Dr Ullah’s absence and this would cause no injustice to the doctor.

Submissions

155. On behalf of the GMC, Ms Bucklow submitted that the GMC seeks an immediate order of erasure for Dr Ullah and revoke the interim order currently in place. Ms Bucklow submitted that there are significant public confidence issues in this case, which are significant because of the seriousness and protracted nature of Dr Ullah’s offending and his removal from the register should have immediate effect.

The Tribunal’s Determination

156. The Tribunal reminded itself of its findings at the impairment and sanction stage particularly in regards to the serious and prolonged nature of Dr Ullah’s offending and the lack of timely insight which remained in its infancy. The Tribunal was satisfied that an immediate order was necessary to protect members of the public and that it would be in the public interest. An immediate order was also required to maintain public confidence in the medical profession and uphold proper professional standards and conduct.

157. This means that Dr Ullah’s registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. The substantive direction, as already announced, will be effective from 28 September 2024 unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

158. The interim order will be revoked when the immediate order takes effect.

159. This concludes the case.