PUBLIC RECORD

Dates: 18/02/2021 and 06/04/2021

Medical Practitioner's name: Dr Lidia HRISTEVA

GMC reference number: 5160300

Primary medical qualification: State Exam Med 1982 I. P. Pavlov Higher Medical Institute Plovdiv

Type of case

Review - Deficient professional performance

Outcome on impairment

Impaired

Summary of outcome

Conditions, 9 months.
Review hearing directed

Tribunal:

Lay Tribunal Member (Chair)	Mr Tim Smith
Lay Tribunal Member:	Ms Susan Disley
Medical Tribunal Member:	Dr Helen McCormack

Tribunal Clerk:	Mr Matthew Rowbotham

Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Ms Paula Clements, Counsel (directly instructed)
GMC Representative:	Mr Carlo Breen, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Impairment - 18/02/2021

1. The Tribunal has convened to review Dr Hristeva's case in accordance with Rule 22 of the General Medical Council's ('GMC') (Fitness to Practise) Rules 2004, as amended ('the Rules'). The Tribunal had to decide, in accordance with Rule 22(1)(f), whether Dr Hristeva's fitness to practise is impaired by reason of her deficient professional performance.

Background

2. Dr Hristeva qualified in 1982 with a State Exam Med from I. P. Pavlov Higher Medical Institute, Plovdiv, Bulgaria. Prior to the events which are the subject of the hearing Dr Hristeva trained in paediatrics, beginning work in the UK in 1991 as a senior house officer in paediatrics in Birmingham, Croydon and Nottingham. Dr Hristeva moved to Ireland in 1996, undertaking training grade paediatrics posts. She returned to the UK in 2008. Until 2014, Dr Hristeva carried out short-term paediatric locum posts.

3. Whilst working for North Tees & Hartlepool NHS Foundation Trust ('the Trust') as a middle grade paediatric locum at University Hospital North Tees between 17 December 2013 and 16 January 2014, concerns were raised about Dr Hristeva's knowledge, technical skills, communication, attitude and time management skills following errors regarding a canulation of a child. She was suspended before the end of the term of her locum contract.

4. Following these concerns, the Trust referred Dr Hristeva to the GMC. The GMC asked Dr Hristeva to undergo a performance assessment.

5. After attending the performance assessment, Dr Hristeva attended a Medical Practitioner's Tribunal which concluded on 9 March 2018 ('the March 2018 Tribunal'), and faced allegations:

1. You underwent a General Medical Council assessment of the standard of your professional performance on:
   a. 27-30 October 2014 and 30 March 2015 (Peer Review); Admitted and found proved
   b. 29-30 March 2015 (Tests of Competence). Admitted and found proved

2. Your professional performance was unacceptable in the areas of:
   a. Maintaining Professional Performance;
   b. Relationships with Patients;
   c. Working with Colleagues.

3. Your professional performance was a cause for concern in the areas of:
   a. Clinical Management;
   b. Operative/Technical Skills.

6. The March 2018 Tribunal found the allegations proved, finding that the assessment had been carried out fairly and that the decisions of the assessors were correct at the time. The March 2018 Tribunal went on to determine that the findings of the assessors constituted deficient professional performance and that Dr Hristeva's practice was impaired by reason of deficient professional performance. The March 2018 Tribunal noted that Dr Hristeva had not yet remedied the concerns in the assessment and had only demonstrated limited insight. The March 2018 Tribunal determined that the imposition of conditions for nine months on Dr Hristeva's practice was a proportionate sanction. It determined that this would ensure the public was protected, but would also afford Dr Hristeva the opportunity to remediate her deficiencies and demonstrate appropriate insight.

7. The March 2018 Tribunal also suggested that a reviewing Tribunal would be assisted if Dr Hristeva provided:

- *A report from your educational supervisor setting out the steps you have taken and progress you have made in addressing the concerns set out in the performance assessment.*
- *A copy of your Personal Development Plan.*
- *A reflective diary, detailing your developing insight into your deficient professional performance.*
- *Reports from colleagues you have recently worked with.*
- *Any other material you think may assist a Tribunal in reviewing your case.*

8. Dr Hristeva's case was first reviewed on 19 December 2018 ('the December 2018 Tribunal'). The December 2018 Tribunal noted that Dr Hristeva had been out of work for two years, but had completed 25 – 30 courses of continuous professional development ('CPD') that related to the deficiencies the assessment had found. The December 2018 Tribunal was of the view that Dr Hristeva had demonstrated an acceptance that she must address the concerns raised by the March 2018 Tribunal and that there was evidence of her developing insight. However, taking all the evidence it had received into account, the December 2018 Tribunal considered that Dr Hristeva remained impaired and subsequently imposed conditions for a further period of nine months on her registration. The December 2018 Tribunal altered Dr Hristeva's conditions from 'direct' to 'close' supervision, to assist her in finding clinical work.

9. The December 2018 Tribunal directed that a future Tribunal reviewing the matter would be assisted by:

- *A report from her educational supervisor setting out the steps she has taken and progress she has made in addressing the concerns set out in the performance assessment.*
- *A copy of her current Personal Development Plan.*
- *A reflective diary, detailing her developing insight into her deficient professional performance.*
- *Reports from colleagues she has recently worked with.*
- *Any other material Dr Hristeva thinks may assist a Tribunal in reviewing her case.*

10. Dr Hristeva's case was reviewed for a second time on 26 September 2019 ('the September 2019 Tribunal'). The September 2019 Tribunal noted that Dr Hristeva had made strenuous but unsuccessful attempts to find clinical work in the UK, undertaken a

locum placement in Neonatology in Bulgaria and completed many CPD courses. However, the September 2019 Tribunal found Dr Hristeva had not demonstrated, in a clinical setting in the UK, remediation and there remained a risk of her repeating her deficient professional performance. It noted that Dr Hristeva had not undertaken any clinical attachments, which may have assisted her remediation. The September 2019 Tribunal determined that Dr Hristeva remained impaired and placed conditions for a further nine months on her registration.

11. The September 2019 Tribunal directed that a future Tribunal reviewing the matter would be assisted by:

- *a report from Dr Hristeva's Educational Supervisor setting out the steps she has taken and progress she has made in addressing the concerns set out in the Assessment;*
- *a copy of her current Personal Development Plan;*
- *a reflective diary, detailing her developing insight into her deficient professional performance;*
- *reports from colleagues she has recently worked with;*
- *evidence of attendance on any clinical attachments undertaken (if any) together with feedback (if any) from her attachment supervisor; and*
- *any other material Dr Hristeva thinks may assist a Tribunal in reviewing her case.*

12. A third review hearing concluded on 19 June 2020 ('the June 2020 Tribunal'). The June 2020 Tribunal recognised that Dr Hristeva had difficulty in finding employment or a clinical attachment in the UK since August 2016, and had therefore not been able to gain the relevant experience to demonstrate her insight and remediation. The June 2020 Tribunal also acknowledged that Dr Hristeva has made considerable and consistent efforts to remedy the deficiencies identified at by the March 2018 Tribunal. However, it determined that Dr Hristeva's practice remained impaired by reason of her deficient professional performance, as she has yet to gain a clinical attachment in the UK. The June 2020 Tribunal expressed sympathy with Dr Hristeva's current position of struggling to find work due to the conditional requirement of 'close supervision'. However, it considered that its main objective was patient safety, and it found that placing conditions on Dr Hristeva's registration, including the requirement that she work under 'close supervision' remained the most appropriate and proportionate sanction. It determined that a period of nine months would allow Dr Hristeva sufficient time to secure medical work or a clinical attachment and address the deficiencies identified.

13. The June 2020 Tribunal directed that this Tribunal would be assisted by:

- *a report from Dr Hristeva's Educational Supervisor setting out the continued steps she has taken in addressing the concerns set out in the Assessment;*
- *a copy of her current Personal Development Plan;*
- *a reflective diary, detailing her continued insight into her deficient professional performance;*
- *reports from colleagues she has recently worked with;*
- *evidence of attendance on any clinical attachments undertaken together with feedback from her attachment supervisor; and*
- *any other material Dr Hristeva thinks may assist a Tribunal in reviewing her case.*

Today's Hearing

14. This is Dr Hristeva's fourth review.

Documentary Evidence

15. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to, the records of determinations of the previous Tribunals; Dr Hristeva's Personal Development Plans ('PDP'); Correspondence between Dr Hristeva and the GMC; job applications, voluntary work and clinical attachment enquiries made by Dr Hristeva; certificates from courses and learning modules Dr Hristeva has completed; and a personal statement of reflection

Submissions

<u>On Behalf of Dr Hristeva</u>

16. Ms Clements submitted that Dr Hristeva has been under conditions for the past 3 years, and has engaged and complied fully with the GMC during this time.

17. Ms Clements submitted that Dr Hristeva had demonstrated a dogged determination to return to practice and gain experience. This included a 1 month placement in Bulgaria, which the September 2019 Tribunal considered showed a willingness to remediate.

18. Ms Clements submitted that Dr Hristeva has continued to apply for numerous jobs, completed a useful reflective paper and provided the Tribunal with a plan for her PDP in

2021. In addition, she has also applied to take part in research and a role in contact tracing during the coronavirus pandemic. She said that these are referable to the areas highlighted as concerning in her performance assessment.

19. Ms Clements submitted that Dr Hristeva was undertaking a diploma in infectious diseases at Oxford University. She said that this has given Dr Hristeva chance to communicate with colleagues and tutors and share her skills. Ms Clements highlighted the positive feedback Dr Hristeva had gained from her tutors. She submitted that this gives a flavour of another professional's experience of working alongside Dr Hristeva.

20. Ms Clements drew the Tribunal's attention to Dr Hristeva's most recent appraisal. She submitted that it is the job of Dr Hristeva's appraiser to scrutinise her work and he was in a good position to form an opinion of the documentation Dr Hristeva had submitted. Ms Clements submitted that the appraisal includes many positive aspects, including Dr Hristeva's commentary on CPD activities, comments on her verbal and non-verbal skills and her efforts to keep in contact with virtual patient rounds. Ms Clements said this was another example of the building blocks Dr Hristeva has undertaken towards remediation.

21. Ms Clements submitted that Dr Hristeva accepts she has been unable to demonstrate full remediation, as she has had no clinical experience since 2016. However, Ms Clements asked the Tribunal to look cumulatively at everything Dr Hristeva has done, and consider whether there is enough evidence of remediation and reduction of the risk of repetition to shift the balance towards making a finding of no impairment.

On Behalf of The GMC

22. Mr Breen submitted that Dr Hristeva has done everything she could in her attempt to remediate. He submitted that the GMC have some sympathy with Dr Hristeva's position.

23. However, Mr Breen submitted that Dr Hristeva's position is not materially different from her previous review. He said that Dr Hristeva has not had a clinical attachment, and so cannot demonstrate full insight and remediation, and therefore cannot displace the concerns of the previous Tribunals. Mr Breen submitted that Dr Hristeva remains impaired by reason of her deficient professional performance.

The Relevant Legal Principles

24. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunals 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 she would be safe to return to unrestricted practice.

25. This Tribunal must determine whether Dr Hristeva's fitness to practise is impaired today, taking into account Dr Hristeva's Performance 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.

26. The Tribunal must also have regard to the overarching objective, ensuring that its determination keeps patients safe and upholds the public's trust and standards in the medical profession.

27. The Tribunal bore in mind the test set out for review hearings in *Abrahaem v General Medical Council [2008] EWHC 183 (Admin)* which states:

'In my judgment, the statutory context for the Rule relating to reviews must mean that the review has to consider whether all the concerns raised in the original finding of impairment through misconduct have been sufficiently addressed to the Panel's satisfaction. In practical terms there is a persuasive burden on the practitioner at a review to demonstrate that he or she has fully acknowledged why past professional performance was deficient and through insight, application, education, supervision or other achievement sufficiently addressed the past impairments.'

The Tribunal's Determination on Impairment

28. The Tribunal considered that Dr Hristeva had taken many reasonable steps to address the matters that arose from the performance assessment. The Tribunal noted that she had attended numerous courses, commenced a diploma, completed reflective statements, and applied for countless jobs. It found that Dr Hristeva is putting in place the building blocks required in order to demonstrate insight and remediation. The Tribunal also had sympathy for Dr Hristeva's position, as it had seen evidence of her being declined jobs due to, at least in part, the conditions currently placed on her registration.

29. However, the Tribunal were also mindful that Dr Hristeva had not worked in a clinical setting since 2016, despite her extensive efforts to do so. It considered that there is still therefore a gap in her development, as clinical practice can present many different issues and uncertainties when contrasted with academic study with one's peers. It found that Dr Hristeva remained untested when working in a busy clinical setting in the UK, a central part of safe clinical practice.

30. The Tribunal concluded that Dr Hristeva had not reached the threshold required to return to unrestricted practice. The Tribunal therefore determined that Dr Hristeva's fitness to practise remained impaired by reason of deficient professional performance.

Determination on Sanction - 06/04/2021

1. Having determined that Dr Hristeva's fitness to practise remains impaired by reason of deficient professional performance the Tribunal now has to decide in accordance with Rule 22(h) of the Rules what action, if any, it should take with regard to Dr Hristeva's registration.

The Outcome of Applications Made during the Sanction Stage

2. Following submissions on impairment on the first day, the Tribunal, of its own volition, under Rule 29(2) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), determined to adjourn as it considered there was insufficient time to conclude the hearing. Its full determination can be found in Annex A.

The Evidence

3. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing where relevant in reaching a decision on what action, if any, it should take with regard to Dr Hristeva's registration.

Submissions

On behalf of the GMC

4. Mr Breen submitted that there has been no material change in Dr Hristeva's position, although he accepted that Dr Hristeva had continued to undertake a variety of courses

and continued professional development. He said that whilst previous Tribunals had acknowledged the difficulties Dr Hristeva has had in securing a clinical attachment, the overall concern must be to protect the public and to uphold patient safety. He reminded the Tribunal that Dr Hristeva had not worked in the UK since 2016 and said that she is not ready to return to unrestricted practise. Therefore, he submitted that an order of conditions including the need for an on-site supervisor would be most appropriate, given the deficiencies outlined in Dr Hristeva's performance assessment which the Tribunal should have first in its mind when making its determination.

5. Mr Breen also submitted that the Tribunal should not lower the minimum length of locum contract Dr Hristeva is able to undertake to below 28 days.

On behalf of Dr Hristeva

6. Ms Clements submitted that the current sanction of conditions placed on Dr Hristeva's registration have had a financial effect on Dr Hristeva, had deprived her of her livelihood and prevented her from getting to a level where she could fully remediate the concerns previous Tribunals have had. This has left Dr Hristeva in a 'catch 22' situation. Ms Clements said Dr Hristeva has put everything she could into maintaining her skills and knowledge, and asked the Tribunal not to underestimate the emotional toll applying for jobs has had on Dr Hristeva.

7. Ms Clements asked the Tribunal to consider the progress Dr Hristeva has made since the performance assessments of 2014 and 2015, when it was recommended that she be closely supervised. She said that Dr Hristeva has developed insight, and submitted that the Tribunal were not dealing with the same doctor that took those performance assessments.

8. Ms Clements submitted that Dr Hristeva has applied for approximately 290 jobs without success. She submitted that Dr Hristeva has provided some evidence that her current conditions are a tangible barrier to her securing work. This has included a list of locum jobs that Dr Hristeva had applied for where the response was that the employer would not be capable of providing close supervision.

9. Ms Clements submitted that the Tribunal should balance patient safety and public interest with Dr Hristeva's inability to achieve full remediation. She submitted that the Tribunal needs to consider appropriate conditions in order for her to get back into work

in a UK clinical setting. Ms Clements said making the change from 'close supervision' to 'supervision' in Dr Hristeva's conditions would therefore be proportionate. In addition, Ms Clements reminded the Tribunal that other conditions would mean that Dr Hristeva would have a workplace reporter and educational supervisor. Each of these would be aware of Dr Hristeva's conditions and the deficiencies outlined in her performance assessment, and would be able to monitor her working practice accordingly.

10. Ms Clements concluded by submitting that changing Dr Hristeva's conditions from 'close supervision' to 'supervision' is more likely to be workable in a hospital setting, and is therefore the most appropriate condition. She also submitted that consideration should be given to reducing the minimum length of Dr Hristeva's locum appointments.

11. The Tribunal raised with both counsel the feasibility of a further updated performance assessment. On behalf of Dr Hristeva Ms Cements raised concerns as to cost, location and availability. Mr Breen, having taken instructions from the GMC, was able to allay Dr Hristeva's fears as regards cost and location, but accepted there was a 'huge backlog'. Ms Clements further submitted Dr Hristeva was reluctant to undergo another assessment because of the stress it created, and did not consider it gave an accurate assessment of how she would perform in a clinical setting.

The Tribunal's Determination

12. Given the reluctance of Dr Hristeva to engage in further performance assessments and the timeframe for such assessments, the Tribunal adopted the views of the parties that it should proceed to make a determination forthwith.

13. The Tribunal considered which sanction, if any, to impose in this case. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance (November 2020) ('SG') and of the overarching objective. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Hristeva's interests with the public interest. It has borne in mind that the purpose of sanctions is not to be punitive, but to protect patients and the wider public interest, although the sanction may have a punitive effect. It had regard to paragraph 21 of SG, which states:

> *[…]once the tribunal has determined that a certain sanction is necessary to protect the public (and is therefore the minimum action required to do so), that sanction must be*

imposed, even where this may lead to difficulties for a doctor. This is necessary to fulfil the statutory overarching objective to protect the public.

14. In coming to its decision the Tribunal first considered whether to conclude the case by taking no action.

No action

15. The Tribunal noted the efforts Dr Hristeva had made in the last 9 months, including further pursuing her continuous professional development and studying for her diploma. It considered that Dr Hristeva had been able to demonstrate that she had the ability to interact with other clinical colleagues and had made significant progress in remediating part of the concerns presented by the original performance assessment.

16. However, the Tribunal was concerned that as Dr Hristeva has been unable to provide evidence that she had worked in a clinical setting since 2016 in the UK and her skills were untested in this setting. The Tribunal was therefore not satisfied that taking no action would be sufficient to uphold the overarching objective of protecting the public. It concluded that it would be neither sufficient, proportionate nor in the public interest to take no action in this case.

Conditions

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

18. The Tribunal noted that both parties supported the imposition of conditions as their preferred method of disposal. There were two principal areas of dispute between the parties. Firstly, the level of supervision that should be imposed. Secondly, the temporal limit on locum working.

19. The Tribunal began by examining the condition as to supervision. The Tribunal firstly reviewed the definition of close supervision and supervision from the GMC *Glossary of terms for conditions*, which are as follows –

Closely supervised

The doctor's clinical work must be closely supervised. This means that whoever carries out the active supervision of clinical work must be must be on site and available to the supervised doctor at all times. This can be either by the clinical supervisor or by a suitable named deputy/deputies, under the same established arrangements made and overseen by the clinical supervisor. If the clinical supervisor is away for more than a working week, the Responsible Officer (or their nominated deputy) must name another consultant to take over overall responsibility for clinical supervision under the same established arrangements. The clinical supervisor must:

- take overall responsibility for the arrangements for the doctor's supervision
- meet with the doctor formally, in person, at least once a fortnight for a case-based discussion
- meet with the doctor, in person, at least once a week for a feedback session.

The named deputy or deputies must:

- be a senior doctor with appropriate experience. The decision about appropriate experience is at the discretion of the clinical supervisor
- be informed of the doctor's conditions or undertakings
- be on site and available to give advice and/or assistance as required provide feedback to the clinical supervisor about the doctor's clinical practice

Supervised

The doctor's clinical work must be supervised. Whoever carries out the active supervision of clinical work does not need to be on site at all times but must be available to give advice and/or assistance (e.g. by phone). This can be either by the clinical supervisor or by a suitable named deputy/deputies, under the same established arrangements made and overseen by the clinical supervisor. If the clinical supervisor is away for more than a working week, the Responsible Officer (or their nominated deputy) must name another Consultant to take over overall responsibility for clinical supervision under the same established arrangements. The clinical supervisor must:

- take overall responsibility for the arrangements for the doctor's supervision
- meet with the doctor formally, in person, at least once a fortnight for a case-based discussion.

The named deputy or deputies must:

- be a senior doctor with appropriate experience. The decision about appropriate experience is at the discretion of the clinical supervisor
- be informed of the doctor's conditions or undertakings
- be available to give advice and/or assistance as required provide feedback to the clinical supervisor about the doctor's clinical practice.

The Tribunal found that the main difference between the two was that with the former the supervisor or the supervisor's deputy had to be on site at all times so that immediate personal assistance was available. This did not apply to the latter.

20. The Tribunal noted that Dr Hristeva had made approximately 290 job applications without success. It found this to be a tremendous effort, and had considerable sympathy with Dr Hristeva. Some of the evidence pointed to the fact she had been unable to obtain certain roles in part because of the condition of close supervision. However, her personal circumstances did not outweigh the responsibility of the Tribunal towards the protection of the public.

21. At the real heart of this matter was whether the undoubted studying that Dr Hristeva had undertaken outweighed the concerns from the performance assessments and the fact that Dr Hristeva had not working in a clinical setting in the United Kingdom since 2016. The Tribunal found that it did not.

22. Given the 5 years that have passed since Dr Hristeva last working in a clinical setting in the UK the Tribunal considered that there needs to be a degree of safety around Dr Hristeva's return to work. In particular, she is seeking locum appointments often of short duration and involving out of hours work. This may have an impact on the support she can expect. The Tribunal noted Dr Hristeva's reluctance to consider a further performance assessment and it was concerned that she does not fully appreciate that anxieties in an assessment situation may also manifest in clinical practice when working under pressure and potentially at night. The Tribunal considered that Dr Hristeva may not have fully developed insight into the risk around her return to clinical practice.

23. Given these factors, the Tribunal was not satisfied that moving from close supervision to supervision would adequately protect patients from the risk of harm and nor would reducing the length of any locum appointment. It noted that this decision may have a

punitive effect on Dr Hristeva, but found that it must put patient safety first over the interests of any individual doctor.

24. The Tribunal was not minded to reduce further the minimum period of any locum appointment. It considered that anything less than a position of 28 days would mean that Dr Hristeva would not necessarily receive adequate and consistent support which was required given her lengthy absence from practice.

25. The Tribunal was mindful that Dr Hristeva may find obtaining a position in a clinical setting easier now that the coronavirus pandemic appears to be slowing, and hospitals appear to have more capacity. In addition, it noted that it is open to Dr Hristeva to volunteer for a clinical attachment, which may give her the opportunity to demonstrate her skills in a UK clinical setting.

26. The Tribunal concluded that it is appropriate, necessary and proportionate to impose conditions on Dr Hristeva's registration for a period of 9 months. This will allow Dr Hristeva time to further explore a clinical attachment and also to hopefully build up a portfolio of locum working within a meaningful timeframe so she can evidence her progress to a future Tribunal.

27. The following conditions relate to Dr Hristeva's employment and will be published:

1. She 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 her current post (including clinical attachments), including:

i her job title

ii her job location

iii her responsible officer (or their nominated deputy)

b the contact details of her employer and any contracting body, including her direct line manager

c any organisation where she has practising privileges and/or admitting rights

d any training programmes she is in

e of the contact details of any locum agency or out of hours service she is registered with

2. She must personally ensure the GMC is notified:

a of any post she accepts, before starting it

b that all relevant people have been notified of her conditions, in accordance with condition 11

c if any formal disciplinary proceedings against her are started by her employer and/or contracting body, within seven calendar days of being formally notified of such proceedings

d if any of her posts, practising privileges, or admitting rights have been suspended or terminated by her employer before the agreed date within seven calendar days of being notified of the termination e if she applies for a post outside the UK.

3. She must allow the GMC to exchange information with any person involved in monitoring her compliance with her conditions.

4. a She must have a workplace reporter appointed by her responsible officer (or their nominated deputy).

b She must not work until:

i her responsible officer (or their nominated deputy) has appointed her workplace reporter

ii she has personally ensured that the GMC has been notified of the name and contact details of her workplace reporter.

5. a She must design a Personal Development Plan (PDP), with specific aims to address the deficiencies in the following areas of her practice:

- Maintaining competence
- Communication skills
- Safeguarding

b Her PDP must be approved by her responsible officer (or their nominated deputy).

c She must give the GMC a copy of her approved PDP within three months of these substantive conditions becoming effective.

d She must give the GMC a copy of her approved PDP on request.

e She must meet with her responsible officer (or their nominated deputy), as required, to discuss her achievements against the aims of her PDP.

6. a She must have an educational supervisor appointed by her responsible officer (or their nominated deputy)

b She must not work until:

i her responsible officer (or their nominated deputy) has appointed her educational supervisor

ii she has personally ensured that the GMC has been notified of the name and contact details of her educational supervisor.

7. She must personally ensure her performance assessment report dated 21 May 2015 is shared with:

a her responsible officer (or their nominated deputy)

b the responsible officer of the following organisations:

i her place(s) of work, and any prospective place of work (at the time of application)

ii all of her contracting bodies, and any prospective contracting body (prior to entering a contract)

iii any organisation where she 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 she is registered with

v if any organisation listed at i) – iv) does not have a responsible officer, she must notify the person with responsibility for overall clinical governance within that organisation. If she is unable to identify the correct person, she must contact the GMC for advice before working for that organisation.

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

d her workplace reporter and educational supervisor and clinical supervisor.

8. She must get the approval of the GMC before working in a non-NHS post or setting.

9. a She must be closely supervised in all of her posts by a clinical supervisor, as defined in the Glossary for undertakings and conditions. Her clinical supervisor must be approved by her responsible officer (or their nominated deputy). bShe must not work until:

i her responsible officer (or their nominated deputy) has appointed her clinical supervisor and approved her supervision arrangements

ii she has personally ensured that the GMC has been notified of the name and contact details of her clinical supervisor and her supervision arrangements.

10. She must not work in any locum post or fixed term contract of less than 28 days duration.

11. She must personally ensure the following persons are notified of the conditions listed at 1 to 10:

a her responsible officer (or their nominated deputy)

b the responsible officer of the following organisations:

i her place(s) of work, and any prospective place of work (at the time of application)

ii all of her contracting bodies and any prospective contracting body (prior to entering a contract)

iii any organisation where she 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 she is registered with

v if any of the organisations listed at (i to iv) does not have a responsible officer, she must notify the person with responsibility for overall clinical governance within that organisation. If she is unable to identify that person, she must contact the GMC for advice before working for that organisation.

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

28. The Tribunal determined to direct a review of Dr Hristeva's case. A review hearing will convene shortly before the end of the period of conditional registration, unless an early review is sought. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Hristeva to demonstrate how she has fully remediated the deficiencies of the performance assessment. It therefore may assist the reviewing Tribunal if Dr Hristeva

- Provided evidence of how she has kept her medical skills and knowledge up to date;
- Provided evidence of a clinical attachment or clinical work in the UK;
- Volunteered for the GMC performance assessment and passed it.

Dr Hristeva will also be able to provide any other information that she considers will assist.

29. The MPTS will send Dr Hristeva a letter informing her of her right of appeal and when the direction and the new sanction will come into effect.

Confirmed
Date 06 April 2021

Mr Tim Smith, Chair

ANNEX A – 18/02/2021

Application to Adjourn

1. On the first day of this review hearing, the Tribunal, of its own volition, under Rule 29(2) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), determined to adjourn. This Rule states:

   "Where a hearing of which notice has been served on the practitioner in accordance with these Rules has commenced, the Committee or Tribunal considering the matter may, at any stage in their proceedings, whether of their own motion or upon the application of a party to the proceedings, adjourn the hearing until such time and date as they think fit."

2. The Tribunal considered that there was insufficient time to conclude this hearing. It found that it would need one further day to conclude the hearing, which adjourned following submissions on sanction.

3. Neither Mr Breen nor Ms Clements opposed the adjournment.

4. The Tribunal determined to extend the current order of conditions on Dr Hristeva's registration for a period of 2 months. Neither Mr Breen nor Ms Clements opposed the extension.