

PUBLIC RECORD

Dates: 03/09/2024 - 10/09/2024

Medical Practitioner's name: Dr Maryam MOHAMED AL QURESHI
previously known as Dr Victoria Pickles

GMC reference number: 4127390

Primary medical qualification: MB ChB 1994 University of Leeds

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

Summary of outcome

Erasure

Tribunal:

Legally Qualified Chair	Ms Sharmistha Michaels
Medical Tribunal Member:	Dr Deborah Brooke
Medical Tribunal Member:	Dr Jonathan Davies

Tribunal Clerk:	Ms Keely Crabtree
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Attendance and Representation:

Medical Practitioner:	Dr Mohamed Al Qureshi was present on 3 September but was not present or represented for the remainder of the hearing
GMC Representative:	Ms Rina Hill, 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 - 05/09/2024

1. The Tribunal agreed, in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise Rules) 2004 as amended ('the Rules'), that parts of this hearing should be heard in private where the matters under consideration are confidential, XXX. As such, this determination will be read in private but a redacted version will be published following the conclusion of this hearing, with those matters relating to Dr Mohamed Al Qureshi's XXX personal circumstances removed.

Background

2. Dr Victoria Pickles qualified in 1994 with a Bachelor of Medicine, and Bachelor of Surgery (MB ChB) from the University of Leeds. She was first registered with the General Medical Council (GMC) on 2 August 1995. Dr Pickles made an application on 19 December 2018 to the GMC to change her name on the medical register to Dr Maryam Mohamed Al Qureshi. She advised that she had changed her name for personal reasons and provided documentary evidence of the change. All references to Dr Pickles and Dr Mohamed Al Qureshi in these proceedings are to this Registrant.

3. The allegation that has led to Dr Mohamed Al Qureshi's hearing can be summarised as follows. On 7 October 2022, Dr Al Qureshi surrendered the keys to her rented accommodation and allegedly left medical records at the property, dated between 1996 and 2013, from 8 different healthcare providers, which contained identifiable patient information.

4. It is further alleged that these records were not kept securely, in that the records were stored in an unlocked understairs cupboard within the rented accommodation.
5. On 12 April 2022, Dr Mohamed Al Qureshi and XXX were given XXX notice to vacate their property by 21 July 2022. Although there was some delay, the property was eventually vacated on 7 October 2022. Once it was vacated the inventory clerk from XXX Estate Agents accessed the property to take an inventory.
6. XXX Estate Agents notified the property owner, Ms A, that discarded and unwanted belongings had been left at the property. She said that she would check the property herself.
7. Ms A attended the address and found a large number of files and documents in a cupboard in the lounge. Ms A noted that these documents were confidential as they contained letters headed with the NHS logo and that they were not stored in a secure environment as the cupboard did not have a lock.
8. Ms A recalled that there were approximately three or four lever arch files which contained paperwork with NHS headed letters, some containing the names, addresses, dates of birth and NHS numbers of patients. Ms A took photographs of the cupboard.
9. Ms A then advised Ms B at XXX Estate Agents that she had found the documents which included patient records with personal information.
10. Sometime after, Ms B visited the property and took photographs of all the belongings including pictures of the documents found in the understairs cupboard. It was Ms B's opinion that this had to be reported. She believed that it was a clear data breach as the documents were sensitive and confidential.
11. On 9 November 2022, Ms B emailed NHS England informing them of the documents found; she sought advice on how the documents should be managed and whether they should be collected or destroyed. Ms B was advised not to destroy the records and was notified that they would need to be returned to Southampton University Hospital.

12. On 21 November 2022, Ms C, the then Head of Data Protection at the University of Southampton NHS Foundation Trust, collected the documents from Ms A. She also returned on 22 December 2022 to retrieve further files.

13. Ms C raised initial concerns with the GMC on 30 November 2022.

The Outcome of Applications Made during the Facts Stage

14. At the outset of the hearing, the Tribunal refused Dr Mohamed Al Qureshi's application, made pursuant to Rule 29(2) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules') to adjourn today's hearing, as a preliminary matter. Dr Mohamed Al Qureshi stated that she had been unable to obtain legal representation and XXX. The Tribunal's full decision on the application is included at Annex A.

15. The Tribunal granted Ms Rina Hill's application, on behalf of the GMC, made pursuant to Rule 17(6) of the Rules, to amend paragraphs 1(b)(stem), 1(c)(x) and 1(d) of the Allegation. Dr Mohamed Al Qureshi did not object to the application. The Tribunal was satisfied that it would cause no injustice to amend the allegation.

16. Dr Mohamed Al Qureshi initially attended the hearing via Microsoft Teams on day one of the hearing. Dr Mohamed Al Qureshi left the hearing link at approximately 4pm during the course of the GMC'S opening and the proceedings were stopped at that point. Dr Mohamed Al Qureshi sent an email to both the GMC and MPTS requesting that the Tribunal was not disrupted in her absence, and in which she stated she would not be available for the rest of the hearing. The Tribunal acceded to an application made by Ms Rina Hill, pursuant to Rule 15 and 40 of the Rules, that service had been effected on Dr Mohamed Al Qureshi who had been present at the hearing on day one and that, pursuant to Rule 31, it should proceed with this hearing in her absence. The Tribunal's full decision on the application is included at Annex B.

The Allegation and the Doctor's Response

17. The Allegation made against Dr Mohamed Al Qureshi is as follows:

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

1. On 7 October 2022, you surrendered keys to your rented accommodation (the ‘Property’) and you left medical records at the Property, dated between 1996 and 2013. These records:
 - a. were retained from:
 - i. University Hospital Southampton NHS Foundation Trust; **To be determined**
 - ii. Marie Stopes (now ‘MSI Choices’); **To be determined**
 - iii. Leeds Teaching Hospitals NHS Trust; **To be determined**
 - iv. Portsmouth City Council; **To be determined**
 - v. Priory Clinic (now ‘Manor Clinic’); **To be determined**
 - vi. Victoria Medical Centre; **To be determined**
 - vii. Southampton City Primary Care Trust; **To be determined**
 - viii. Gordon Laboratory Group; **To be determined**
 - b. contained identifiable patient information, including ~~patients~~ patients’:
 - i. name; **To be determined**
 - ii. date of birth; **To be determined**
 - iii. address; **To be determined**
 - c. contained patient medical information, including patients’:
 - i. general health records; **To be determined**
 - ii. gynaecology records; **To be determined**

- iii. termination of pregnancy records; **To be determined**
 - iv. colonoscopy records; **To be determined**
 - v. trauma and orthopaedic records; **To be determined**
 - vi. vasectomy records; **To be determined**
 - vii. neurology records; **To be determined**
 - viii. ophthalmology records; **To be determined**
 - ix. maxillofacial records; **To be determined**
 - x. ~~overdoes~~ overdose records; **To be determined**
 - xi. alcohol records; **To be determined**
 - xii. psychiatry records; **To be determined**
 - xiii. ultrasound logbook and images; **To be determined**
 - xiv. laboratory results; **To be determined**
- d. were not securely stored, in that the records were stored in an unlocked understairs cupboard in the Property. **To be determined**

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

The Admitted Facts

18. Dr Mohamed Al Qureshi made no admissions to the paragraphs and sub-paragraphs of the Allegation.

Witness Evidence

19. The Tribunal received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Ms A, owner of Dr Mohamed Al Qureshi's rented property;
- Ms B, Assistant Manager at XXX Estate Agents;
- Ms E, Head of Information Governance and Data Protection Officer at the University Hospital Southampton (UHS);
- Ms F, Data Compliance Manager and Data Protection Officer at MSI Reproductive Choices ('MSI').

20. Dr Mohamed Al Qureshi did not provide a witness statement and no other witness evidence was received by the tribunal on behalf of the doctor.

Documentary Evidence

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

- Dr Mohamed Al Qureshi's first Tenancy Agreement;
- Dr Mohamed Al Qureshi's last Tenancy Agreement dated 22 September 2021;
- Photographs taken by Ms A;
- Email chain between Ms A and Ms C dated 21 November 2022 – 22 December 2022;
- Email from Dr Mohammed Al Qureshi to Ms Moore dated 28 July 2022;
- Photographs taken by Ms B;
- Email correspondence between letting agent employees and Dr Mohamed Al Qureshi dated 11 November 2022 to 24 May 2023;
- Email chain with Ms B and Data Protection at UHS dated 8 November 2024;
- Email correspondence between letting agent and UHS dated 9 to 21 November 2022;
- Summary of Records Reviewed by Ms E dated 12 July 2023;
- Email from Ms E to the GMC dated 3 August 2023;
- Email chain between Ms F and UHS dated 13 September 2023;
- Dr Mohamed Al Qureshi's MSI Employment Contract dated 19 March 2004;
- Quality Manual Standards and Guidance: Information and Records Management dated December 2008;
- Records Management Policy dated 2012;
- Appendix 2 of the Records Management Policy;

- Summary of Records Reviewed by MSI;
- Template HSA1 Form;
- Email from Dr Mohamed Al Qureshi to the GMC concerning a change of name dated 19 December 2018;
- GMC Online referral from Ms C;
- Email chain between Ms C and the GMC dated 16 December 2022;
- Screenshot of Dr Mohamed Al Qureshi’s registered address held by the GMC;
- Email chain between Ms C and the ICO including report dated 18 February 2023;
- Email chain from Ms C to the GMC dated 3 March 2023 attaching:
 - correspondence with Dr Mohamed Al Qureshi dated 12 January 2023 to 2 February 2023;
 - Data Breach Assessment Report by UHS dated 21 November 2022;
- Email chain between Ms C and the GMC dated 3 March 2023 and 8 March 2023.

The Tribunal’s Approach

22. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Mohamed Al Qureshi does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred.

The Tribunal’s Analysis of the Evidence and Findings

23. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.

24. The Tribunal noted the first tenancy agreement between Ms A and Dr Mohammed Al Qureshi, who at that time, was using the name Dr Victoria Pickles. The agreement commenced on 22 June 2007 and was signed by Dr Mohammed Al Qureshi. The Tribunal also noted a further tenancy agreement for the same property dated 22 September 2021 which was signed by Dr Mohammed Al Qureshi and XXX.

25. The Tribunal was provided with evidence that this address matched the registered address for Dr Mohammed Al Qureshi on the GMC’s internal systems between 2020 and 2024.

26. The Tribunal was therefore satisfied that the property where the documents had been found was one at which Dr Mohammed Al Qureshi had resided as a tenant.

27. The Tribunal noted correspondence from Dr Mohammed Al Qureshi and both Ms C and Ms B, where Dr Mohammed Al Qureshi had sought to arrange the retrieval of the medical records and other documents she had left at the property. In an email dated 14 November 2022, Dr Mohammed Al Qureshi acknowledged that there were patient files and notes at the property, which she needed to clear. In another email, sent on 15 November 2022, Dr Mohammed Al Qureshi explained that she needed to access her personal items and confidential medical notes relating to patients. Further, in an email dated 2 February 2023 sent to Ms C, Dr Mohammed Al Qureshi asked for the return of notes for her clinic as she needed to store them away safely.

28. The Tribunal noted that Dr Mohammed Al Qureshi made several appointments with the letting agency to collect her belongings but despite being given ample opportunity, she did not do so.

29. The Tribunal was therefore satisfied that Dr Mohammed Al Qureshi knew that she had left patient files at the property.

30. The Tribunal noted that although Dr Mohamed Al Qureshi had decided to stop engaging after her initial application to adjourn the hearing, she had stated at the beginning of the hearing to the Tribunal that XXX.

31. The Tribunal noted that medical records left at the property were dated between 1996 and 2013, and these records related to approximately 300 individuals.

Paragraphs 1 (a)-(c)

32. The Tribunal had regard to the pre-hearing meeting notes dated 17 June 2024. The meeting was attended by the MPTS Case Management team and Dr Mohammed Al Qureshi. The Tribunal noted that it was discussed that the GMC did hold a copy of the full set of patient records that are subject to these allegations. However, given the volume which is in excess of 2000 pages and to avoid further dissemination of the sensitive data, it was not the GMC's intention to rely on these records for the purpose of the hearing or to have them

available. Dr Mohammed Al Qureshi indicated during this meeting that she did not consider it necessary for the full set of patient records to be made available to her or the Tribunal.

33. The Tribunal noted that whilst it did not have the full documents found at the property, it had been provided with two schedules of the material found at the property from Ms E and Ms F who exhibited these to their statements.

34. The Tribunal had regard to the schedule or table summary report provided by Ms E, whose role, as Head of Information Governance and Data Protection Officer at the Trust, involved the investigation of data breaches and liaising with the Information Commissioner's Office. It noted that within this document she had set out a summary of the type of information found at the rental property. Ms E recorded information in this schedule relating to the organisations from which the documents found at the property originated and itemised a sequence of information for each patient, which included the patient's name; date of birth; address; and the type of medical information contained.

35. The Tribunal also had regard to the schedule provided by Ms F, whose role, as a Data Compliance Manager and Data Protection Officer at MSI Choices involves investigating data breaches. This schedule focused on the medical records retained from MSI Choices and also listed the special category data that was contained within the paperwork seized from the property.

36. The Tribunal was therefore satisfied based on the evidence provided that the medical records left at the property were retained from the Care Providers listed at paragraphs 1 (a)(i)-(viii). The Tribunal was also satisfied that the medical records that had been found contained identifiable patient information, including the patients' names, dates of birth and addresses. Finally, the Tribunal was also satisfied that the medical records contained patient medical information, as set out in paragraphs 1(c)(a)(i) -(xiv).

37. Accordingly, the Tribunal found paragraphs 1 (a)-(c) of the Allegation determined and found proved.

Paragraph 1(d)

38. The Tribunal noted Ms A's witness statement. She stated that when she attended the property, she had found a large number of files and documents (which were confidential as they contained letters headed with the NHS logo) in a cupboard in the lounge. She said that

the documents were not stored in a secure environment as the cupboard did not have a lock. Ms A took photographs of the cupboard in which the documents had been stored.

39. The Tribunal also noted Ms B's witness statement. She stated that on 7 October 2022, Dr Mohammed Al Qureshi surrendered the keys to the property. When Ms B attended the property, she took photos of the documents found in the cupboard under the stairs.

40. The Tribunal had regard to the photographs taken by Ms A and Ms B. These photographs showed where the documents had been retained and stored. The Tribunal concluded that the understairs cupboard did not have a lock and therefore the medical records left at the property were not securely stored.

41. The Tribunal noted that the keys to the accommodation were left with a third party and therefore the records were vulnerable to wider disclosure. The Tribunal took the view that it was fortunate that the professional management of these sensitive documents by the estate agents prevented a more widespread data breach.

42. Accordingly, the Tribunal found paragraph 1(d) of the Allegation determined and found proved.

The Tribunal's Overall Determination on the Facts

43. The Tribunal has determined the facts as follows:

1. On 7 October 2022, you surrendered keys to your rented accommodation (the 'Property') and you left medical records at the Property, dated between 1996 and 2013. These records:
 - a. were retained from:
 - i. University Hospital Southampton NHS Foundation Trust; **Determined and found proved**
 - ii. Marie Stopes (now 'MSI Choices'); **Determined and found proved**
 - iii. Leeds Teaching Hospitals NHS Trust; **Determined and found proved**

- iv. Portsmouth City Council; **Determined and found proved**
 - v. Priory Clinic (now 'Manor Clinic'); **Determined and found proved**
 - vi. Victoria Medical Centre; **Determined and found proved**
 - vii. Southampton City Primary Care Trust; **Determined and found proved**
 - viii. Gordon Laboratory Group; **Determined and found proved**
- b. contained identifiable patient information, including ~~patients~~ patients':
- i. name; **Determined and found proved**
 - ii. date of birth; **Determined and found proved**
 - iii. address; **Determined and found proved**
- c. contained patient medical information, including patients':
- i. general health records; **Determined and found proved**
 - ii. gynaecology records; **Determined and found proved**
 - iii. termination of pregnancy records; **Determined and found proved**
 - iv. colonoscopy records; **Determined and found proved**
 - v. trauma and orthopaedic records; **Determined and found proved**
 - vi. vasectomy records; **Determined and found proved**
 - vii. neurology records; **Determined and found proved**
 - viii. ophthalmology records; **Determined and found proved**
 - ix. maxillofacial records; **Determined and found proved**

- x. ~~overdoes~~ overdose records; **Determined and found proved**
 - xi. alcohol records; **Determined and found proved**
 - xii. psychiatry records; **Determined and found proved**
 - xiii. ultrasound logbook and images; **Determined and found proved**
 - xiv. laboratory results; **Determined and found proved**
- d. were not securely stored, in that the records were stored in an unlocked understairs cupboard in the Property. **Determined and found proved**

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

Determination on Impairment - 09/09/2024

44. The Tribunal now 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 as set out before, Dr Mohamed Al Qureshi's fitness to practise is impaired by reason of misconduct.

45. Ms Hill informed the Tribunal that Dr Mohamed Al Qureshi was currently subject to an existing order of suspension in relation to a separate case. That case, which related to a number of allegations, was first considered by a Medical Practitioners Tribunal (MPT) from 14 February 2022 to 25 February 2022 (the 2022 Tribunal).

46. Ms Hill invited the Tribunal to also conduct a review of that matter under Rule 22(1)(f) of the Rules.

Background

2022 Tribunal

47. The facts found proved at Dr Mohamed Al Qureshi's 2022 Tribunal can be summarised as follows. On 2 June 2016 Patient A called the NHS 111 telephone service after

several episodes of projectile vomiting. Patient A stated that she suffered with hypopituitarism and was at risk of an Addisonian crisis. The 2022 Tribunal found that Dr Mohamed Al Qureshi failed to provide good clinical care to Patient A, in that she failed to call an ambulance or deal with Patient A's illness with sufficient urgency or provide safety netting advice to Patient A. The 2022 Tribunal was of the view that Dr Mohamed Al Qureshi did not appear to recognise the urgency of the situation, nor think through the implications of the decision which she made, and this amounted to serious misconduct. It took the view that Dr Mohamed Al Qureshi was minimising her responsibility in the incident. Dr Mohamed Al Qureshi had not submitted any material to suggest she had learned from her mistakes. Taking all these matters into account, the 2022 Tribunal determined that her fitness to practise was impaired.

48. The 2022 Tribunal found that Dr Mohamed Al Qureshi failed to confirm where she was working when asked by NHS England on 1 February 2018 and this amounted to serious misconduct. Dr Mohamed Al Qureshi did not provide the relevant information, despite knowing that she knew it was requested. Instead, she 'stalled the inquiry and ultimately never responded to it'. Dr Mohamed Al Qureshi had not submitted anything further in relation to this matter. The 2022 Tribunal determined that her fitness to practise was impaired.

49. The 2022 Tribunal found that Dr Mohamed Al Qureshi failed to engage with the First Tier Tribunal ('FTT') between 9 July 2018 and 12 December 2018 and this failure delayed the implementation of the decision to remove her from the Performers' List taken on 5 April 2018. The 2022 Tribunal had found that she worked as a doctor during this period. The Tribunal found that this amounted to serious misconduct. Dr Mohamed Al Qureshi had submitted nothing further in relation to these matters. The 2022 Tribunal determined that it could not be confident that she would respond to any future inquiries nor engage in them. It did not have confidence that she understood the reason she should do so, namely so that the NHS could monitor the doctors who work for them so that it can deliver a safe and effective health service. The 2022 Tribunal determined that her fitness to practise was impaired.

50. The 2022 Tribunal found that Dr Mohamed Al Qureshi was dishonest when she confirmed the statement that '*an appraisal has taken place that reflected the whole of her scope of work and addressed the principles and values set out in Good Medical Practice*'. The 2022 Tribunal was of the view that an appraisal is at the heart of the doctors' revalidation process which itself is designed to make sure that doctors deliver safe and appropriate care. The 2022 Tribunal determined that Dr Mohamed Al Qureshi's dishonest behaviour when

making her declaration in the 10 January 2018 Appraisal amounted to serious misconduct. She submitted nothing in relation to the allegations concerning the appraisal, nor in relation to the allegation of dishonesty. The 2022 Tribunal stated it had no reason to conclude that she will be honest when completing subsequent appraisals. The 2022 Tribunal determined that her fitness to practise was impaired.

51. The 2022 Tribunal considered the material it had which included documents written by Dr Mohamed Al Qureshi. While there was concern that the doctor had repeatedly sought to minimise her wrongdoing, and had downplayed the patient safety implications of her negligence, her lack of engagement meant that the Tribunal was not able to assess her level of insight into her wrongdoing or the steps that she had taken to remediate the breaches of Good Medical Practice found to have occurred.

52. In the absence of evidence that Dr Mohamed Al Qureshi had shown complete insight into the gravity of her actions and understood the wider implications of her actions on patients, the 2022 Tribunal found that Dr Mohamed Al Qureshi's fitness to practise was impaired by reason of serious misconduct.

53. The 2022 Tribunal concluded that while it had found Dr Mohamed Al Qureshi's actions were a particularly serious departure from the principles set out in Good Medical Practice and/or patient safety, they were not so serious as to constitute a fundamental incompatibility with continued registration. The 2022 Tribunal considered that Dr Mohamed Al Qureshi should be given a further opportunity to address the concerns around insight and remediation at a review hearing.

54. The 2022 Tribunal noted that a complicating factor was that Dr Mohamed Al Qureshi last revalidated in 2016, and since 2021 had been unable to practise as she had failed to engage in the necessary administration and payment of the GMC registration fee.

55. The 2022 Tribunal determined to impose an order of suspension on Dr Mohamed Al Qureshi's registration for one year and directed a review.

The 2023 Tribunal

56. Dr Mohamed Al Qureshi's review hearing took place in March 2023 (the 2023 Tribunal). Dr Mohamed Al Qureshi was not present or represented at that hearing.

57. The 2023 Tribunal took into account Dr Mohamed Al Qureshi's limited engagement with the regulatory process. It bore in mind her non-engagement at the substantive hearing in 2022, and a lack of evidence to demonstrate whether she had developed sufficient insight. The 2023 Tribunal considered that the position had not changed significantly, because although there was some new evidence provided to demonstrate reflection on Dr Mohamed Al Qureshi's part it was scant, and woefully inadequate, consisting of little more than an acknowledgment of the 2022 Tribunal's findings and declaring that insight was present, without developing or evidencing any detail of this.

58. The 2023 Tribunal was satisfied that, in the absence of any evidence of remediation or the development of insight, that the overarching objective required a finding of impairment in Dr Mohamed Al Qureshi's case.

59. In addition, the 2023 Tribunal was concerned that Dr Mohamed Al Qureshi's medical knowledge and skills may not have been kept up to date as she had not revalidated since 2016, and therefore been unable to practise in the UK since 2021. The 2022 Tribunal was provided with no evidence that Dr Mohamed Al Qureshi had engaged in any Continuous Professional Development (CPD) or other learning to keep her medical knowledge and skills up to date.

60. The 2023 Tribunal therefore shared the concerns of the June 2022 Tribunal and considered that these concerns were only increased by the further passage of time since that hearing.

61. The 2023 Tribunal was concerned that Dr Mohammed Al Qureshi's engagement had been limited and that she did not appear to have appreciated that there was a persuasive burden upon her to provide evidence that she is safe to return to unrestricted practice and is no longer impaired. The 2023 Tribunal found there was no evidence that reassured it that Dr Mohammed Al Qureshi's dishonesty would not be repeated, and that she was safe to return to unrestricted practice.

62. The 2023 Tribunal therefore determined that Dr Mohammed Al Qureshi's fitness to practise was impaired by reason of misconduct.

63. The 2023 Tribunal was of the view that, while serious, Dr Mohamed Al Qureshi's misconduct was not fundamentally incompatible with continued registration. It considered that a further period of suspension would be the appropriate and proportionate response.

The 2023 Tribunal considered that a further period of suspension would allow Dr Mohamed Al Qureshi a further opportunity to demonstrate that she had reflected on the impact of her actions on patients, understood the gravity of dishonesty for a medical practitioner and had gained full insight into her wrongdoing. The 2023 Tribunal considered that erasure would have been a disproportionate response at that time.

64. The 2023 Tribunal considered that it may assist the reviewing Tribunal if Dr Mohamed Al Qureshi provided:

- Evidence of the development of her insight and reflection indicating that she fully appreciates the gravity of her misconduct and its consequences on patients and the medical profession;
- Evidence that she has kept her clinical knowledge and skills up to date to resume work as a GP;
- References/testimonials from those aware of her practice and these regulatory proceedings;

Any material provided needs to be meaningful and substantive. It is the Registrant's responsibility to engage in a timely fashion, and there needs to be evidence to support any statements that she makes, such as, but not limited to, certificates from any courses attended.

The March 2024 Tribunal

65. Dr Mohamed Al Qureshi's second review hearing took place in March 2023 (the March 2024 Tribunal). Dr Mohamed Al Qureshi was present but not represented at that hearing.

66. At the outset of the hearing, as a preliminary matter, Dr Mohamed Al Qureshi made an application to adjourn the hearing and extend the current order of suspension. She said that a period of six months would be sufficient for her to gather documentation and obtain legal representation. The GMC did not oppose the application.

67. The March 2024 Tribunal was satisfied that by adjourning the hearing and extending the order of suspension for a period of six months, the public would be adequately protected, as Dr Mohamed Al Qureshi would not be allowed to practise until her fitness to

practise had been determined. It therefore granted the application and directed a further review of Dr Mohamed Al Qureshi's case.

68. The March 2024 Tribunal reminded Dr Mohamed Al Qureshi of the indication given by the previous review Tribunal of the material that may assist a future reviewing Tribunal.

The Evidence

69. The Tribunal has taken into account all the evidence received during the facts stage of the hearing. The Tribunal was also provided with additional documentation relating to Dr Mohamed Al Qureshi's review. This evidence included, but was not limited to, the following:

- Record of determination of the MPT hearing dated 25 February 2022;
- Record of determination of the MPT Review hearing dated 10 March 2023;
- Record of determination of the MPT Review hearing dated 15 March 2024.

Submissions

70. On behalf of the GMC, Ms Hill stated that the Tribunal should follow a two-stage process when considering the issue of impairment. Firstly, it must consider whether Dr Mohamed Al Qureshi's conduct has amounted to misconduct and, if so, whether her fitness to practise is impaired as a result. She reminded the Tribunal that the decision on misconduct and impairment was a matter for its own independent judgment.

71. Ms Hill submitted that by reason of the findings of fact made by the Tribunal, Dr Mohamed Al Qureshi's fitness to practise is impaired by reason of misconduct.

72. Ms Hill referred the Tribunal to *Roylance v GMC (No.2) [2001] A.C. 311* and *Collins J in Nandi v General Medical Council (2004) EWHC 2317 (Admin)*.

73. Ms Hill reminded the Tribunal that:

- The property where the documents were found was one at which Dr Mohamed Al Qureshi had resided as a tenant;
- Dr Mohamed Al Qureshi knew that she had left patient files at the property;

- The medical records left at the property were retained from the Care Providers at paragraphs 1(a)(i)-(viii);
- The medical records found contained identifiable patient information including the patients' names, dates of birth and addresses as set out in paragraphs 1(b)(i)-(iii);
- The medical records contained patient medical information as set out in paragraphs 1(c)(i)-(xiv)
- The medical records were not securely stored, in that they were stored in an unlocked understairs cupboard in the property as set out in paragraph 1(d).

74. Ms Hill submitted that the by reason of the Tribunals' finding of facts, Dr Mohamed Al Qureshi's conduct amounts to misconduct, which is serious, Further, that it represents conduct that would be regarded as deplorable by fellow practitioners.

75. Ms Hill referred the Tribunal to Good Medical Practice (2013) (GMP), in particular paragraphs 1, 2, 11, 12, 20, 47, 50 and 65, which the GMC submit are engaged in this case. She also referred the Tribunal to the *GMC's Confidentiality: Good Practice in Handling Patient Information Guidance (25 April 2017)* which sets out eight principles of confidentiality that a doctor should apply to their practice and includes a section on managing and protecting information. She stated that paragraphs 1, 2, 8(b), 8(d), 119, 122 and 128 were relevant in this case.

76. Ms Hill stated that the Guidance also signposts doctors to other relevant sources of information such as the Human Rights Act 1998 and also the GDPR, as supplemented by the Data Protection Act 2018, which regulates the processing of personal data about living individuals in the UK. Three of the six data protection principles are pertinent in this case namely the principles that data must: (i) be processed lawfully, fairly and in a transparent manner; (ii) not be kept for longer than is necessary and (iii) must be secure.

77. Ms Hill submitted that the misconduct in this case was particularly grave, owing to the number of patient records that were retained (comprising records from hundreds of patients) and also the period over which those records were retained (approximately 26 years from 1996 to 2022). She stated that, whilst all medical records are necessarily confidential in nature and therefore their inappropriate retention and storage is a serious

matter, it was submitted that the retention of the MSI Choices records is particularly serious given their highly sensitive nature and their categorisation as special category personal data.

78. Ms Hill stated that not only did Dr Mohamed Al Qureshi retain the medical records of patients rather than confidentially disposing of them or returning them to their originating source, she also failed to store them securely, meaning that after she vacated the property in October 2022, they were easily accessible and readily located by Ms A. Further, it was by sheer chance and good fortune only that Ms A appreciated the sensitive nature of the documents and acted appropriately and responsibly in relation to their management thus preventing a more widespread data breach.

79. Ms Hill submitted that Dr Mohamed Al Qureshi's conduct amounted to serious professional misconduct and the Tribunal is invited to make that finding. Further, such conduct undermines public confidence in the profession and brings the profession into disrepute.

80. Ms Hill set out the background to Dr Mohamed Al Qureshi's MPTS hearing held between 14 February 2022 and 25 February 2022, her first review hearing on 10 March 2023 and second review hearing on 15 March 2024.

81. Ms Hill submitted that the Tribunal must have regard to the way in which Dr Mohamed Al Qureshi has acted, or failed to act, in the past, including the facts found proved by this Tribunal. She referred the Tribunal to *Meadows v GMC [2006] EWCA Civ 1390* which was applicable in this case.

82. Ms Hill stated that if the Tribunal find that the facts found proved in relation to the current allegation amounted to misconduct, which was serious, it will then go on to consider, whether as a result of that misconduct, Dr Mohamed Al Qureshi's fitness to practise is currently impaired, taking into account all of the circumstances, including the matters under review.

83. Ms Hill referred the Tribunal to Section 35C (2) of the Medical Act 1983. She also referred it to the approach set out by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of *CHRE v NMC and Grant [2011] EWHC 927 (Admin)* which is a helpful summary of four areas where impairment may be found. Ms Hill submitted that all four limbs are relevant to the Tribunal's judgment in this case in relation to the review.

84. Ms Hill stated that the Tribunal must determine whether Dr Mohamed Al Qureshi's fitness to practise is impaired today, taking into account her 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, bearing in mind at all times the need to uphold the three strands of the overarching statutory objective.

85. Ms Hill stated that The Tribunal had not been provided with documentary evidence from Dr Mohamed Al Qureshi, nor had she participated in the proceedings or given oral evidence or made submissions.

86. Ms Hill stated that in terms of the current allegation, Dr Mohamed Al Qureshi had not provided any evidence of remediation and although the matters may be capable of remediation, this Tribunal was unlikely to be able to ignore the fact that this has not yet taken place. Further, the Tribunal may wish to observe that non-clinical misconduct is not easily remediable.

87. Ms Hill said that in terms of remediation of the matters under review, no evidence has been provided; Dr Mohamed Al Qureshi had not provided any evidence of any remediation since the last effective review hearing on 10 March 2023. She reminded the Tribunal that dishonesty is inherently more difficult to remedy than other forms of misconduct.

88. Ms Hill submitted that overall, there was no evidence of remediation.

89. With regards to the current allegation and the matters under review, Ms Hill submitted that Dr Mohamed Al Qureshi had failed to demonstrate that she had any insight into her conduct. Further, Dr Mohamed Al Qureshi did not admit either the present allegation or the allegations that had been determined by the 2022 Tribunal. Ms Hill stated that whilst she was of course entitled to contest matters, that stance, including her failure to participate in both sets of proceedings, means that this Tribunal has not been able to assess whether she has formed any insight into her behaviour.

90. Ms Hill submitted that Dr Mohamed Al Qureshi had not evidenced that she accepts she should have behaved differently, she has expressed very little or no empathy or understanding of the impact of her conduct in the round (both the current allegation and matter under review), nor has she acknowledged the risks to the reputation of the profession as a whole by reason of her conduct.

91. Ms Hill submitted that overall, there was no evidence of insight before the Tribunal.

92. Ms Hill submitted that when considering the evidence in this case as a whole, the likelihood of repetition was high. She stated that Dr Mohamed Al Qureshi had shown no demonstrable evidence of insight or remediation and therefore this Tribunal had no reassurance that her conduct would not be repeated in the future.

93. Ms Hill stated that the conduct in this case represents misconduct that is serious. She said that Dr Mohamed Al Qureshi had voluntarily chosen to disengage from these proceedings and as well as failing to address the concerns raised in the current allegation, she had failed to provide any evidence as to her insight, reflections and remediation in relation to the matters under review, despite being advised as to the type of information a reviewing Tribunal would consider helpful and despite being reminded that the onus is on her to satisfy the Tribunal that she is safe to return to practice. Ms Hill stated that no evidence had been provided in relation to whether Dr Mohamed Al Qureshi had kept her knowledge and skills up to date and no testimonial evidence had been forthcoming.

94. Ms Hill submitted that when considering the evidence in relation to the current allegation, Dr Mohamed Al Qureshi had demonstrated a long-lasting flagrant disregard for her patients' confidentiality, to the extent that she moved out of a property without seeking to move or destroy the documents she had stored inappropriately. Further, there had been, on the face of it, no reason and certainly no good reason advanced as to why the medical records were retained at all.

95. Ms Hill submitted that in light of the facts found proved, a finding of misconduct can properly be made in Dr Mohamed Al Qureshi's case. Further, her actions can properly be characterised as misconduct which is serious; they have undermined confidence in the profession and brought the profession into disrepute. Dr Mohamed Al Qureshi has also breached fundamental tenets of the profession.

96. In terms of impairment, Ms Hill submitted that Dr Mohamed Al Qureshi's fitness to practise is impaired, by reason of facts of the current allegation, in addition the findings of fact that were made by the Tribunal in 2022. Those findings include findings that Dr Mohamed Al Qureshi:

- Failed to provide good clinical care to a patient and minimised her responsibility for the incident;

- Failed to engage with NHS England’s investigation into performance concerns by failing to confirm where she was working when asked to do so. It was determined that she stalled the inquiry, did not respond to it and did not submit any further evidence in relation to it.
- Failed to engage with the FTT process between 9 July 2018 and 12 December 2018 and its effect was to delay the implementation of the decision to remove her from the Performers’ List taken on 5 April 2018. The 2022 Tribunal determined that Dr Mohamed Al Qureshi’s had worked as a doctor during this period. She submitted no evidence to the contrary.
- Acted dishonestly by confirming, in an appraisal on 10 January 2018, that “an appraisal has taken place which reflected the whole scope of her work and addressed the principles and values set out in Good Medical Practice”. Dr Mohamed Al Qureshi did not submit anything in relation to the allegation concerning the appraisal nor in relation to the allegation of dishonesty.

97. Ms Hill said that given Dr Mohamed Al Qureshi’s lack of engagement with either the proceedings relating to the current allegation or the matter under review, she submitted that there was no evidence before the Tribunal of insight, remediation or reflection such as would enable it to declare that her fitness to practise is not impaired.

98. Ms Hill submitted that a finding of impairment by reason of misconduct was also justified to reaffirm clear standards of professional conduct, so as to maintain public confidence in the profession. Further, that the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made.

The Relevant Legal Principles

99. 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.

100. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the

misconduct was serious, and then whether the finding of that misconduct which was serious, could lead to a finding of impairment. The Tribunal was also mindful of the review aspect of the case, as to whether Dr Mohamed Al Qureshi's fitness to practise continued to be impaired by reason of the misconduct that resulted in the suspension being placed upon her registration.

101. The Tribunal must determine whether Dr Mohamed Al Qureshi's fitness to practise is impaired today, taking into account Dr Mohamed Al Qureshi'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.

102. The Tribunal was reminded that whilst there is no statutory definition of impairment the guidance provided by Dame Janet Smith in the Fifth Shipman report as adopted by the High Court in *CHRE v NMC and Paula Grant* [2011] EWHC 927 (Admin) ('*Grant*') would be of assistance in its consideration of impairment. In particular the Tribunal should consider whether its finding of facts showed that Dr Mohamed Al Qureshi's fitness to practise is impaired in the sense that she:

'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 or is likely 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;

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

103. The Tribunal were advised that the purpose of fitness to practise hearings is not to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practise. Consequently, the test of current impairment is a forward looking one. This Tribunal must determine whether Dr Mohamed Al Qureshi's fitness to practise is impaired today, taking into account her 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. The Tribunal also bore in mind that at a

review hearing the onus is on the Registrant to demonstrate that their fitness to practise is no longer impaired.

104. 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.

The Tribunal's Determination on Impairment

Misconduct (New Allegation)

105. The Tribunal first considered whether the facts found proved are a sufficiently serious departure from the standards of conduct reasonably expected of Dr Mohamed Al Qureshi as a registered medical practitioner, to amount to misconduct.

106. The Tribunal considered its findings at the facts stage, namely that medical records were found at a property at which Dr Mohamed Al Qureshi had resided as a tenant (after she had surrendered the keys). Dr Mohamed Al Qureshi knew that she had left patient files at the property. The medical records found were dated between 1996 and 2013, from 8 different healthcare providers, and contained identifiable patient information including patients' names, dates of birth and addresses. The medical records were not securely stored, in that they were stored in an unlocked understairs cupboard in the property.

107. The Tribunal had regard to Good Medical Practice (2013, as amended) (GMP 2013), in particular paragraphs 1, 2, 11, 12, 20, 50 and 65 which state:

'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.

2 Good doctors work in partnership with patients and respect their rights to privacy and dignity. They treat each patient as an individual. They do their best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their illness or disability.

11 *You must be familiar with guidelines and developments that affect your work.*

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

20 *You must keep records that contain personal information about patients, colleagues or others securely, and in line with any data protection law requirements.*

50 *You must treat information about patients as confidential. This includes after a patient has died.*

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

108. The Tribunal determined that these paragraphs of GMP were engaged in this case and that Dr Mohamed Al Qureshi had breached fundamental tenets of the medical profession which had the potential to undermine patients' trust in the profession.

109. The Tribunal also had regard to the *GMC's Confidentiality: Good Practice in Handling Patient Information Guidance* (25 April 2017) as follows:

1 *Trust is an essential part of the doctor-patient relationship and confidentiality is central to this...*

2 *Doctors are under both ethical and legal duties to protect patients' personal information from improper disclosure...*

5. *Doctors, like everyone else, must comply with the law when using, accessing or disclosing personal information...*

8 *The advice in this guidance is underpinned by the following eight principles.*

a ...

*b **Manage and protect information.** Make sure any personal information you hold or control is effectively protected at all times against improper access, disclosure or loss.*

c ...

*d **Comply with the law.** Be satisfied that you are handling personal information lawfully...*

119 You must make sure any personal information about patients that you hold or control is effectively protected at all times against improper access, disclosure or loss...

122 You must develop and maintain an understanding of information governance that is appropriate to your role.

128 If you are responsible for managing patient records or other patient information, you must make sure the records you are responsible for are made, stored, transferred, protected and disposed of in line with data protection law and other relevant laws...

110. The Tribunal noted that the medical records retained by Dr Mohamed Al Qureshi were dated between 1996 to 2013 and were still in her possession in 2022, albeit it could not determine how long she had retained the records for.

111. The Tribunal was satisfied that the medical records retained contained identifiable patient information relating to sensitive personal medical data. The Tribunal concluded that not only did Dr Mohamed Al Qureshi retain the medical records of patients rather than confidentially disposing of them or returning them to their originating source, but she also failed to store them securely, meaning that anybody living in her household had access to them. This was aggravated by the fact that after she vacated the property, they were easily accessible and vulnerable to wider disclosure.

112. The Tribunal further concluded that the public expect their confidential medical records to be stored securely, protected and disposed of in line with data protection law and other relevant laws.

113. In all the circumstances, the Tribunal determined that, Dr Mohamed Al Qureshi's conduct fell far below the standards expected of a doctor and was contrary to GMP guidance and other related guidance. The Tribunal concluded that the facts found proved both individually and collectively amounted to a serious falling short of the standard expected.

114. The Tribunal therefore concluded that Dr Mohamed Al Qureshi's actions as set out in the Allegation amounted to misconduct.

Impairment by reason of misconduct (New Allegation and Review)

115. The Tribunal, having found that the facts found proved amounted to misconduct, and that the misconduct was serious, went on to consider whether Dr Mohamed Al Qureshi's fitness to practise is currently impaired by reason of her misconduct. In considering current impairment, the Tribunal also took into account the misconduct that resulted in the suspension being placed upon her registration by the 2022 Tribunal.

116. In determining whether a finding of current impairment of fitness to practise was necessary, the Tribunal looked for evidence of insight, remediation, and the likelihood of repetition, bearing in mind the three elements of the overarching statutory objective. The Tribunal had regard to the personal circumstances raised by Dr Mohamed Al Qureshi at the preliminary stage of the hearing. However, it had limited information on how these factors impacted on her ability to engage with the proceedings and so was unable to give much weight to them.

117. The Tribunal took the view that the misconduct found proved is capable of remediation. The Tribunal has, however, received no evidence that Dr Mohamed Al Qureshi has taken any steps to remediate. Dr Mohamed Al Qureshi did not provide a witness statement, reflective statement, evidence of CPD or targeted remediation.

118. In considering the issue of insight, the Tribunal noted the lack of evidence before it. The Tribunal accepted that Dr Mohamed Al Qureshi had a small understanding that she should not have stored the medical records inappropriately at the property. This was evidenced in the attempts she made to retrieve the documents from the owner of the property and the letting agent, although she cancelled or failed to keep the appointments made for her to retrieve the records on several occasions.

119. Dr Mohamed Al Qureshi has not provided any explanation to the Tribunal as to why she had retained the medical records of patients for so long, why she failed to store them securely or return them to their originating source or destroy them safely. Further, she has not evidenced to the Tribunal that she accepts that she should have behaved differently or shown any understanding of the impact her actions could have had on the patients whose medical records she had retained. The Tribunal considered that this showed that Dr Mohamed Al Qureshi had not recognised the nature or gravity of her own misconduct. The Tribunal was therefore unable to exclude a risk of repetition.

120. The Tribunal concluded that limbs a, b and c of the approach taken in *Grant* as set out above were engaged in relation to these matters.

121. The Tribunal took into account the misconduct that resulted in the suspension being placed upon Dr Mohamed Al Qureshi's registration by the 2022 Tribunal and subsequent reviews.

122. The Tribunal noted Dr Mohamed Al Qureshi's limited engagement with the GMC and with MPTS hearings during the period of her suspension. The Tribunal was of the view that that there was a persuasive burden on Dr Mohamed Al Qureshi to evidence that she is no longer impaired and is safe to return to unrestricted practice.

123. The Tribunal had regard to the recommendations made to Dr Mohamed Al Qureshi by the previous Tribunals on how a future Tribunal may be assisted at a review. These included providing evidence demonstrating how she has developed her insight and remediated her dishonesty and also maintained her clinical knowledge and skills.

124. The Tribunal noted that Dr Mohamed Al Qureshi has provided no evidence of any steps she has taken to remediate her failings or any reflection on her misconduct since the 2022 Tribunal. The Tribunal therefore cannot conclude that Dr Mohamed Al Qureshi has developed any insight into these matters.

125. Dr Mohamed Al Qureshi has also not provided any evidence of measures she has taken during the three consecutive periods of her suspension to maintain her continued professional development and that she has kept her medical skills and knowledge up to date.

126. The Tribunal concluded that all four limbs of the approach taken in *Grant* as set out above were engaged.

Conclusion

127. Taking into account the current proceedings and the matters under review, the Tribunal has determined that Dr Mohamed Al Qureshi's fitness to practise is currently impaired by reason of misconduct.

128. The Tribunal concluded that such a finding was required in order 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 Sanction - 10/09/2024

129. Having determined that Dr Mohamed Al Qureshi's fitness to practise is impaired by reason of misconduct, 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

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

Submissions

131. On behalf of the GMC, Ms Hill submitted that the appropriate sanction in this case was one of erasure. She referred the Tribunal to the Sanctions Guidance (SG)(February 2024).

132. Ms Hill submitted that, in relation to all matters under consideration by this Tribunal, Dr Mohamed Al Qureshi had:

- failed to demonstrate that she understands the problems raised in relation to her past conduct;
- failed to demonstrate that she has developed any insight into her behaviour;

- presented no evidence which indicates she accepts that she should have behaved differently, nor has she taken the opportunity to apologise for her conduct;
- failed to adhere to the principles of good practice in that she has breached several principles of Good Medical Practice and failed to demonstrate that she has kept her knowledge and skills up to date;
- failed to engage in these proceedings in any meaningful way.

133. Ms Hill stated that whilst it was difficult to assess the circumstances leading up to the incidents that raise concerns in this case, in the absence of any evidence being put forward, Dr Mohamed Al Qureshi notified the Tribunal during her application for postponement that since late 2021, she had found it difficult to be settled and that her life has been disrupted because of XXX. Ms Hill stated that XXX. Ms Hill stated that making as much allowance as possible for Dr Mohamed Al Qureshi's personal circumstances, it was difficult to see how these matters might have impacted on her conduct in 2016 to 2018 (the matters under review) and in relation to retaining and not securely storing medical records between 1996 and 2022.

134. Ms Hill stated that the Tribunal had determined that there was a lack of evidence of insight before it and that it was unable to exclude a risk of repetition.

135. Ms Hill stated that the Tribunal had also determined that whilst the misconduct that was found proved was capable of remediation, no evidence has been received to evidence that Dr Mohamed Al Qureshi had taken steps to remediate. Further, she stated that Dr Mohamed Al Qureshi had not provided any testimonials or letters in support of her progress.

136. Ms Hill stated that in line with the SG, the Tribunal should impose the least restrictive sanction, bearing in mind the overarching objective to protect the public, starting with the least restrictive.

137. Ms Hill submitted that there are no exceptional circumstances in this case which would justify taking no action against Dr Mohamed Al Qureshi, and that a sanction was necessary to protect the public and maintain public confidence in the medical profession. She stated that the Tribunal should have regard to its finding that there have been significant departures from GMP in this case.

138. Ms Hill stated that no undertakings have been offered or agreed in this case. She submitted that undertakings would not be appropriate in this case nor would they be sufficient either to protect the public or maintain confidence in the profession.

139. Ms Hill submitted that conditions are not appropriate in Dr Mohamed Al Qureshi's case because of the overall nature, type and number of allegations found proved. She stated that conditions would not be appropriate or proportionate nor would they reflect the gravity of Dr Mohamed Al Qureshi's conduct. They would be insufficient to maintain public confidence in the profession and to promote proper standards of conduct.

140. In relation to suspension, Ms Hill submitted that Dr Mohamed Al Qureshi's actions constitute behaviour unbecoming of a registered doctor. Further, Dr Mohamed Al Qureshi's conduct, in light of the Tribunal's findings, was fundamentally incompatible with continued registration.

141. Ms Hill stated that suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the Tribunal was satisfied that the behaviour or incident is unlikely to be repeated. Ms Hill stated that there had been no acknowledgement of fault on Dr Mohamed Al Qureshi's part. She submitted that on the overall facts of the case, the Tribunal would find it difficult to satisfy itself that the behaviour or incidents were unlikely to be repeated.

142. Ms Hill referred the Tribunal to paragraph 97 of the SG which outlines some or all of the factors that would indicate that suspension may be appropriate. Ms Hill submitted that the factors outlined in sub paragraphs a, e, and g may be relevant considerations in this case. However, it is submitted that they do not indicate that suspension may be appropriate.

143. Ms Hill reminded the Tribunal that at the hearing on 10 March 2023, when Dr Mohamed Al Qureshi's order of suspension was reviewed, her limited engagement with the regulatory process was noted, as was the lack of evidence provided by her to demonstrate whether her insight had sufficiently developed. Ms Hill stated that the 2023 Tribunal found that the documentary evidence submitted by Dr Mohamed Al Qureshi was '...scant, and woefully inadequate...' Further, the Tribunal found that Dr Mohamed Al Qureshi had not appreciated that there was a persuasive burden upon her to evidence that she is safe to return to unrestricted practice and is no longer impaired. Ms Hill stated that in the circumstances, the 2023 Tribunal determined to provide Dr Mohamed Al Qureshi a further opportunity to demonstrate that she had reflected on and understood the gravity of her behaviour, had

gained full insight into her wrongdoing, and that she might gather evidence that her clinical knowledge and skills had been kept up to date. Dr Mohamed Al Qureshi was provided with guidance as to what information might assist a reviewing Tribunal. However, no evidence was forthcoming either in advance of the adjourned hearing in March of this year or prior to this hearing.

144. Ms Hill submitted that paragraph 108 of the SG was applicable in Dr Mohamed Al Qureshi's case, namely that erasure may be appropriate even where the doctor does not present a risk to patient safety, but where 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.

145. Ms Hill stated that Dr Mohamed Al Qureshi's conduct represented conduct that was both deplorable and a very serious breach of professional standards. She stated that whilst the GMC could not point towards direct harm to the patients in the current case, Dr Mohamed Al Qureshi's conduct illustrates that, for a prolonged period of time, she demonstrated a flagrant disregard for the safeguards that were designed to keep patients' sensitive medical records safe and secure. Conceivably, the inappropriate retention and storage of a vast number of medical records could have impacted on patient safety to the extent that original records and patient histories were not available to clinicians who were responsible for the ongoing care of those patients.

146. Ms Hill referred the Tribunal to paragraph 109 of the SG, which gives a non-exhaustive list of factors that may indicate erasure is appropriate. Ms Hill submitted that the following may be applicable in Dr Mohamed Al Qureshi's case:

- a. A particularly serious departure from the principles set out in GMP where the behaviour is difficult to remediate which was applicable in this case.
- b. A deliberate or reckless disregard for the principles set out in GMP and/or patient safety which was applicable in this case. Dr Mohamed Al Qureshi has at the very least, exhibited a reckless disregard for the principles set out in GMP.
- d. Abuse of position/trust. Abuse of position of trust which is applicable.

- e. Violation of a patient’s rights/ exploiting vulnerable people. Violation of a patient’s right which is applicable.

- h. Dishonesty, especially where persistent and/or covered up which is applicable, having regard to the determination of the 2022 Tribunal.

- i. Putting their own interests before those of their patients which is applicable.

- j. Persistent lack of insight into the seriousness of their actions or the consequences which is applicable.

147. Ms Hill stated that Dr Mohamed Al Qureshi’s conduct, taken in the round, was undoubtedly serious. She stated that in the current case alone, the misconduct was particularly serious given the volume and nature of the data involved, as well as the length of time that the data was retained. Ms Hill stated that Dr Mohamed Al Qureshi’s actions undermined public confidence in the profession and risked breaching patient confidentiality, some of whom may have been particularly vulnerable due to the nature of the data held (the MSI Choices material but also for example, adolescent, addiction and psychiatric records).

148. Ms Hill reminded the Tribunal that in accordance with paragraph 10(d) of the SG, doctors must be trustworthy and act within the law. Paragraph 65 of GMP states that patients must be able to trust doctors with their lives and health, so doctors must ensure that their conduct justifies their patient’s trust in them and the public’s trust in the profession.

149. Having regard to the facts of this case and the Tribunal’s determination on impairment, Ms Hill submitted that Dr Mohamed Al Qureshi’s conduct was fundamentally incompatible with continued medical registration and that erasure was the appropriate response to protect patient safety, to maintain public confidence in the medical profession and to maintain proper standards of conduct for members of the profession.

The Tribunal’s Determination on Sanction

150. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal alone, exercising its own judgement. In reaching its decision, the Tribunal has taken GMP and the SG into account and has, at all times, borne in mind the overarching objective.

151. The Tribunal reminded itself that the main reason for imposing any sanction is to protect the public and that sanctions are not imposed to punish doctors, even though they

may have a punitive effect. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Mohamed Al Qureshi's interests with the public interest.

152. Before considering what action, if any, to take in respect of Dr Mohamed Al Qureshi's registration, the Tribunal considered the mitigating factors and aggravating factors in this case.

Mitigating Factors

153. The Tribunal noted that Dr Mohamed Al Qureshi had been experiencing difficult personal circumstances. She had alluded during her application to adjourn due to XXX. However, the Tribunal have not been provided with any further evidence on these matters.

Aggravating Factors

154. The Tribunal noted the following paragraphs of the SG ,

'52 *A doctor is likely to lack insight if they:*

a refuse to apologise or accept their mistakes

b promise to remediate, but fail to take appropriate steps, or only do so when prompted immediately before or during the hearing

c do not demonstrate the timely development of insight

...

54 *Where the GMC, or another regulator, has previously made findings of impaired fitness to practise and imposed a sanction on the doctor's registration, the tribunal may wish to consider this as an aggravating factor in relation to the case before it.'*

155. The Tribunal noted that to date Dr Mohamed Al Qureshi has not presented any evidence of insight regarding the misconduct found by the 2022 Tribunal or this Tribunal. Further, Dr Mohamed Al Qureshi has not provided any evidence that she has reflected on that misconduct or sought to apologise for it. Neither has she acted upon the suggestions

made by the 2022 Tribunal, 2023 Tribunal and March 2024 Tribunal that a review Tribunal would be assisted by her reflections, evidence that she has kept her clinical knowledge and skills up to date and references/testimonials. The Tribunal was of the view that Dr Mohamed Al Qureshi's continued lack of insight into the misconduct found proved by the 2022 Tribunal and the lack of evidence of insight concerning the misconduct found proved by this Tribunal were aggravating features.

156. The Tribunal has taken the above factors into account in considering the appropriate sanction under the SG. It considered each sanction in ascending order of severity, starting with the least restrictive.

No action

157. The Tribunal first considered whether to conclude the case by taking no action. The Tribunal determined that there are no exceptional circumstances in this case which would warrant the taking of no action in the context of the facts found proved and the Tribunal's determination on impairment. It considered that the taking of no action would not be sufficient, proportionate, or in the public interest.

Conditions

158. The Tribunal next considered whether to impose conditions on Dr Mohamed Al Qureshi's registration. In doing so, it bore in mind that any conditions imposed would need to be appropriate, proportionate, workable, and measurable.

159. The Tribunal concluded that for conditions to be workable, a doctor had to recognise their failings, understand why conditions were required and engage with the GMC to ensure conditions are complied with.

160. The Tribunal noted its own conclusion that there was no evidence that Dr Mohamed Al Qureshi has developed any insight into her failings. Moreover, Dr Mohamed Al Qureshi has not engaged with the GMC or the MPTS in relation to the proceedings of the 2022 Tribunal or the current proceedings. There was no evidence that Dr Mohamed Al Qureshi would comply with any conditions imposed upon her. Further, the Tribunal considered that public confidence in the profession and its regulator would be undermined if conditions were imposed, given the gravity of the misconduct found proved. The Tribunal therefore

determined that it would not be possible to formulate any workable or appropriate conditions which would adequately address the concerns in this case.

Suspension

161. The Tribunal next considered whether it would be appropriate and proportionate to suspend Dr Mohamed Al Qureshi's registration.

162. The Tribunal had regard to paragraphs 91 and 97(a) of the SG regarding 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 unbefitting 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.

97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.

a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.'

163. The Tribunal reminded itself however that there was no evidence of remediation, or any steps having been taken by Dr Mohamed Al Qureshi's to address the misconduct found by this Tribunal. Further, there had been no evidence of any progression in Dr Mohamed Al Qureshi's insight since the findings of the 2022 Tribunal. The Tribunal considered that Dr Mohamed Al Qureshi had provided no evidence that she had insight into any of the misconduct found proved.

164. The Tribunal considered that while in principle the failings identified by both Tribunals were capable of being addressed, that could only be the case where a doctor engaged with the regulatory process, reflected on their failings, and took steps to remediate. Dr Mohamed Al Qureshi has not engaged meaningfully and there was no evidence of reflection or remediation. The Tribunal concluded that this showed a lack of regard for the purpose and

importance of the regulator whose concern is not merely the individual doctor but the maintenance of professional standards and public confidence in the profession.

165. The Tribunal therefore determined that imposing a period of suspension would not adequately uphold the overarching objective to protect the public, maintain public confidence in the profession or uphold proper professional standards.

Erasure

166. The Tribunal had regard to the factors set out at paragraph 109 of the SG that indicate erasure is the appropriate sanction, and found the following to be engaged:

‘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.’

167. This Tribunal found that there had been multiple breaches of GMP. It has no evidence either that Dr Mohamed Al Qureshi recognises this, or that she has developed insight into the seriousness of her misconduct or the potential risk of harm to patients. This Tribunal was therefore concerned that Dr Mohamed Al Qureshi showed a disregard for the principles in GMP.

168. The Tribunal was mindful that the misconduct which was found proved at the 2022 Tribunal had the potential to be remediated. However, Dr Mohamed Al Qureshi has not taken the opportunity provided in the two years of suspension from practice to learn from her misconduct and reflect upon it and has not engaged with these proceedings. This Tribunal concluded that she has provided no evidence of any insight into her misconduct and has made no effort to remediate. The Tribunal therefore concluded that Dr Mohamed Al Qureshi demonstrated a persistent lack of insight into the seriousness of her actions and their consequences, both for patients and for public confidence in the profession.

169. The Tribunal bore in mind the impact that erasure would have on Dr Mohamed Al Qureshi. The Tribunal balanced the potential impact of erasure against the purpose of the overarching objective, namely, to protect the public, promote and maintain standards and maintain public confidence in the profession. The Tribunal concluded that erasure was the necessary, appropriate and proportionate sanction in this case. The Tribunal found that Dr Mohamed Al Qureshi had been given opportunities to show insight and remediate the concerns about her practice, however, she has shown no effective engagement and provided no evidence that she is fit to return to practice. The Tribunal determined that a sanction of erasure would also convey to the profession that demonstrating continued lack of proper engagement with the GMC and persistent lack of insight into serious misconduct risks serious consequences.

170. The Tribunal therefore determined to erase Dr Mohamed Al Qureshi's name from the medical register.

171. The MPTS will send Dr Mohamed Al Qureshi a letter informing Dr Mohamed Al Qureshi of her right of appeal and when the direction and the new sanction will come into effect. The current order of suspension will remain in place during the appeal period.

ANNEX A – 05/09/2024

Application for adjournment

172. The Tribunal agreed, in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise Rules) 2004 as amended ('the Rules'), that parts of this hearing should be heard in private where the matters under consideration are confidential, XXX. As such, this determination will be read in private but a redacted version will be published following the conclusion of this hearing, with those matters relating to Dr Mohamed Al Qureshi's XXX personal circumstances removed.

173. At the outset of the hearing, Dr Mohamed Al Qureshi made an application under Rule 29(2) of the Rules, which 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.”

Submissions

174. Dr Mohamed Al Qureshi asked that the hearing be adjourned so that she could prepare and get her evidence in order.

175. Dr Mohamed Al Qureshi stated that she has had difficulties getting legal representation. However, she had managed to speak with a barrister late last night from Advocate for 2-3 hours to go through the hearing with her. However, she stated that this was not enough time.

176. Dr Mohamed Al Qureshi said that the difficulty that Advocate had in representing her was the length of the hearing because they were unable to provide cover for any long period of time. She said that they were suggesting that if the hearing was re listed for split hearings, each of two to three days duration, it would make it easier for them to support her.

177. Dr Mohamed Al Qureshi said that because of XXX, she had been unable to complete all of the preparation on her own and therefore really needed legal representation.

178. XXX

179. Dr Mohamed Al Qureshi said that because of the disruption in her life it had made it very difficult for her to be settled. She said that she had to be rehoused. Dr Mohamed Al Qureshi said this was because XXX.

180. Dr Mohamed Al Qureshi went on to say that the last few months in particular had been very distressing, XXX. Therefore, she had been unable to give time to the preparation of the hearing and the booking of courses to show that her medical skills and knowledge are up to date.

181. Ms Hill, Counsel, opposed the application. She submitted that Dr Mohamed Al Qureshi, had been aware of these proceedings for some time.

182. Ms Hill referred the Tribunal to the GMC postponement bundle which included:

- Letter by email from the GMC to Dr Mohamed Al Qureshi – disclosure of new investigation and guidance ‘Getting representation and support’ dated 11 January 2023;
- Letter by email from the GMC to Dr Mohamed Al Qureshi providing support information dated 20 April 2023;
- Letter by email from the GMC to Dr Mohamed Al Qureshi (Rule 7 disclosure and support information) dated 21 February 2024;
- Email chain between the GMC and Dr Mohamed Al Qureshi concerning preparation for the Review Hearing (March 2024) dated March 2024;
- Letter from the GMC to Dr Mohamed Al Qureshi (Rule 8 decision/referral to hearing and support information) dated 18 April 2024;
- Record of Determination (RoD) – MPT Review including postponement determination dated 15 March 2024;
- Letter by email from the GMC to Dr Mohamed Al Qureshi including support information (Review);
- Email from the MPTS to Dr Mohamed Al Qureshi attaching – Pre hearing (PHM) meeting note including representation by Dr Mohamed Al Qureshi regarding her representation status and support references dated 17 and 20 June 2024;
- Email chain between Dr Mohamed Al Qureshi, MPTS and GMC

including support information, representations from Dr Mohamed Al Qureshi concerning adjournment and her representation status dated 15 August 2024;

- Email from the MPTS to Dr Mohamed Al Qureshi and the GMC attaching PHM note including the doctor's representations and support information dated 16 August 2024;
- Email chain between Dr Mohamed Al Qureshi, MPTS and GMC – Dr Mohamed Al Qureshi seeking support and GMC response dated 21 August 2024;
- PHM note date 23 August 2024;
- Email from the GMC to Dr Mohamed Al Qureshi with link to MPTS guidance and further copy of Notice of Allegation (NOA) dated 23 August 2024;
- Email from Dr Mohamed Al Qureshi to Advocate, cc to GMC dated 27 August 2024;
- Email from Advocate to Dr Mohamed Al Qureshi, forward to the GMC and MPTS dated 28 August 2024.

183. Ms Hill submitted that Dr Mohamed Al Qureshi has had ample notice that this hearing would take place this week, in the first instance to consider the new Allegation and also to review an existing order of suspension.

184. Ms Hill stated that it was clear from the three PHM meetings on the 17 June 2024, 15 August 2024 and 23 August 2024 that Dr Mohamed Al Qureshi had been advised to liaise with the GMC and to provide a response to the Allegation.

185. Ms Hill submitted that the Allegation was straightforward and uncomplicated, however, it was understandable that Dr Mohamed Al Qureshi would like to avail herself of legal advice and legal representation. Ms Hill stated that considered in its basic form, it was for Dr Mohammed Al Qureshi to either accept or deny leaving medical records at an address that she had registered with the GMC. Furthermore, the Allegation is not clinical in nature and the evidence the GMC proposes to adduce was neither lengthy nor complex.

186. Ms Hill stated that Dr Mohamed Al Qureshi had previously indicated at the PHM meeting on the 17 of June 2024, that she did not require any witnesses to attend, nor did she require sight of any of the patient records that have been seized.

187. Ms Hill submitted that there was no good reason advanced why it is that Dr Mohamed Al Qureshi cannot herself address this Tribunal in relation to the matters under

consideration. She stated that Dr Mohamed Al Qureshi knows whether she left the medical records relating to patients at the address in question. Within the bundle that was served on her, there are several contemporaneous emails sent by her in relation to items left at the property from which she could refresh her memory.

188. In relation to the question of whether or not an adjournment would secure the desired effect, namely, ensuring that Dr Mohamed Al Qureshi can be afforded legal representation or legal assistance on some level, Ms Hill submitted that the recent correspondence from Advocate makes it plain to Dr Mohamed Al Qureshi that she was to maintain a conduct of her case and not rely on Advocate assisting. Ms Hill stated that last night a volunteer barrister from Advocacy liaised with her, however, in terms of a proposed time frame for when assistance might be available, if at all, there simply isn't one. Therefore, there is no reassurance that this Tribunal can derive as to when, if at all, assistance would be provided, save for the reference in the e-mail dated the 10 July 2024, advising that Advocate has a three-day limit.

189. Ms Hill stated that Dr Mohamed Al Qureshi has been advised at the various PHM's to familiarise herself with the papers in this case and has also been signposted to two resources to assist her in preparing, for example, a witness statement. She stated that Dr Mohamed Al Qureshi had indicated that she has been collating evidence of Continuous Professional Development (CPD) and the material recommended by the Tribunal at the last hearing. However, despite that indication, nothing has been forthcoming as yet.

190. XXX

191. XXX

192. XXX

193. Ms Hill stated that, since then, Dr Mohamed Al Qureshi has been rehoused, initially temporarily, and now by the Council. She stated that the stresses, the Tribunal may consider, are likely to continue in the circumstances and it is therefore questionable as to what purpose a postponement of these proceedings would achieve.

194. XXX

195. XXX

196. Ms Hill stated that overall, when considering Dr Mohamed Al Qureshi's legal representation XXX as has been advanced, there would be no purpose in an adjournment as there was no guarantee that Dr Mohamed Al Qureshi's position will change, most notably with regards to the provision of legal representation XXX.

197. Ms Hill stated that the current suspension ends on the 30 of September 2024, and the review of that order had already been adjourned in March of this year. Therefore, the new allegation and the review now fall to be considered together under Rule 21.

198. Ms Hill submitted that, in the event that the tribunal felt that there was any merit in splitting the hearing in the way proposed, there was ample time within the current listing window to make some progress on this case. However, the GMC do not endorse or agree with an approach of splitting the hearing.

Tribunal's Decision

199. The Tribunal had regard to Rule 29(2) of the Rules, the submissions from the parties, and of the principle of proportionality.

200. XXX.

201. The Tribunal was of the view that Dr Mohamed Al Qureshi has had sufficient notice of this hearing in order to secure legal representation. Further, that if the hearing was to adjourn today, there was no guarantee that a barrister or solicitor would be able to assist her at a future date, given what Advocate have said in the correspondence prior to this hearing.

202. In relation to XXX, the Tribunal was of the view that there was insufficient specific XXX evidence provided to substantiate such an application to adjourn.

203. The Tribunal therefore determined to refuse Dr Mohamed Al Qureshi's application to adjourn on both grounds.

ANNEX B – 05/09/2024

Service and Proceeding in Absence

Service

204. Dr Mohamed Al Qureshi attended the hearing via Microsoft Teams on day one of the hearing. Following an unsuccessful application to adjourn (see Annex A) Dr Mohamed Al Qureshi indicated that although she did not think the decision was fair and that XXX, she would remain to hear the GMC open the case against her. She was also told that she would be provided with a copy of the opening note for her to consider. Dr Mohamed Al Qureshi left the hearing link at approximately 4pm during the course of the GMC's opening and the proceedings were stopped at that point to make further enquiries of Dr Mohamed Al Qureshi to enable her to re-engage with the hearing.

205. Dr Mohamed Al Qureshi sent an email on 4 September at 7:21am to both the GMC and MPTS stating:

*'I respectfully request that the tribunal is not disrupted in my absence.
I sincerely apologise as I will not be available for the rest of the hearing.'*

206. Ms Hill, Counsel on behalf of the GMC, submitted that Dr Mohamed Al Qureshi was aware of the proceedings and also of the Tribunal's purpose to determine the facts in relation to a new Allegation and to conduct a review of the existing suspension order.

207. Ms Hill referred to previous postponement and adjournment applications, which were unsuccessful. She said that Dr Mohamed Al Qureshi did not think that the Tribunal's determination was fair and that she left during GMC opening submissions for reasons that were unclear. Ms Hill reminded the Tribunal that Dr Mohamed Al Qureshi had been notified of the GMC's intention to apply for the hearing to proceed in her absence if she chose to disengage with the proceedings. Ms Hill submitted that the Tribunal could be satisfied as to service in this case.

208. The Tribunal determined that notice of this hearing had been served on Dr Mohamed Al Qureshi in accordance with Rule 40 of the GMC's (Fitness to Practise) Rules 2004, as amended, ('the Rules'), and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended.

Proceeding in Absence

209. The Tribunal then went on to consider whether it would be appropriate to proceed with this hearing in Dr Mohamed Al Qureshi's absence pursuant to Rule 31 of the Rules. The

Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the appropriate care and caution, balancing the interests of the doctor with the wider public interest.

210. Ms Hill invited the Tribunal to proceed with the hearing in Dr Mohamed Al Qureshi's absence. She submitted that Dr Mohamed Al Qureshi had deliberately and voluntarily absented herself from the proceedings, and that she had done so in the full knowledge that this application would be made if she did not attend.

211. Ms Hill reiterated her submissions in respect of the adjournment application and submitted that there was no barrier to Dr Mohamed Al Qureshi engaging in these proceedings. XXX. Ms Hill also submitted that there was no evidence that an adjournment would result either in Dr Mohamed Al Qureshi's re-engagement or attendance at a future hearing.

212. Ms Hill referred to Dr Mohamed Al Qureshi's email of 4 September 2024. She submitted that it was fair and in the public interest to proceed with this hearing in Dr Mohamed Al Qureshi's absence.

213. In deciding whether to proceed with this hearing in Dr Mohamed Al Qureshi's absence, the Tribunal carefully considered all the information before it.

214. The Tribunal paid particular regard to Dr Mohamed Al Qureshi's email of 4 September 2024, in which she said she did not want the hearing to be disrupted in her absence.

215. In the circumstances, the Tribunal determined that it was appropriate to proceed in Dr Mohamed Al Qureshi's absence because she has voluntarily absented herself. The Tribunal determined that any adjournment or delay would be unlikely to result in Dr Mohamed Al Qureshi's participation in the hearing, given the position she set out in her email that she would not be available for the rest of this hearing. The Tribunal appreciated that it was preferable for a practitioner to attend a hearing where possible, but that Dr Mohamed Al Qureshi had made the decision to leave the hearing in the full knowledge that the GMC would apply for it to continue in her absence. The Tribunal noted that there were no witnesses due to give live evidence as they had been stood down with the agreement of Dr Mohamed Al Qureshi and therefore Dr Mohamed Al Qureshi would not be disadvantaged in not being able to test their evidence. Overall, the Tribunal determined that it is fair and in the public interest for this hearing to proceed expeditiously.