

PUBLIC RECORD

Dates: 26/02/2024 - 28/02/2024

Medical Practitioner's name: Dr Medhat KESHTA
GMC reference number: 4432133
Primary medical qualification: MB BCh 1982 Zagazig University

Type of case

Restoration following
disciplinary erasure

Summary of outcome

Restoration application granted. Restore to Medical Register

Tribunal:

Legally Qualified Chair	Mrs Becky Miller
Lay Tribunal Member:	Ms Deborah Spring
Medical Tribunal Member:	Dr Anup Singh

Tribunal Clerk:	Ms Rachael Gill
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Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Ms Fatema Keshta
GMC Representative:	Ms Ceri Widdett, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on restoration following disciplinary erasure - 28/02/2024

1. The Tribunal has convened to consider Dr Keshta's application for his name to be restored to the Medical Register following his erasure for disciplinary reasons in November 2011 by a Fitness to Practise Tribunal ('the 2011 Tribunal').
2. The Tribunal has considered the application in accordance with Section 41 of the Medical Act 1983, as amended ('the Act') and Rule 24 of the GMC (Fitness to Practise) Rules 2004, as amended ('the Rules').

Background

3. The matters which led to Dr Keshta's erasure from the Medical Register can be summarised as:

The 2011 Tribunal

4. A Fitness to Practise hearing in August 2011 ('the 2011 Tribunal') found proved that Dr Keshta:
 - dishonestly provided a false letter in support of his claim for a higher salary;
 - dishonestly attempted to release himself from his contract with the Great Western Trust ('GWT') so that he could undertake work at another trust for higher remuneration; and
 - deliberately withheld relevant information relating to concerns about his conduct and probity from subsequent employers.
5. In relation to the letter, the 2011 Tribunal found that Dr Keshta had no compunction in obtaining and submitting a letter, the contents of which were known to be false. It determined that this conduct would be regarded as dishonest and deplorable by colleagues. The 2011 Tribunal found that this amounted to serious misconduct.

6. In relation to Dr Keshta's dishonest attempts to secure his release from his contract with GWT, the 2011 Tribunal found that he had placed his own interests above his professional obligations. The 2011 Tribunal found this to be particularly serious given the potential impact his actions could have had on patient care (in taking a leave of absence from one organisation in order to work for another), and it determined that his conduct amounted to a 'dereliction of duty'. The 2011 Tribunal determined that Dr Keshta showed 'no regard' for the service he was contracted to provide, or the fact that patient care may have been compromised by his actions. It therefore found that Dr Keshta's actions amounted to serious misconduct.

7. With regard to Dr Keshta's failure to notify his subsequent employers of the concerns that had been raised in relation to his probity and conduct, the 2011 Tribunal found that his actions were motivated solely by his desire to conceal matters which may have impacted upon his ability to obtain employment. It determined that Dr Keshta's misleading behaviour was a clear breach of the principles and values set out in Good Medical Practice ('GMP') and amounted to misconduct.

8. The 2011 Tribunal found that all matters amounted to misconduct, and that Dr Keshta's conduct breached a number of the fundamental tenets of the profession, bringing the profession into disrepute. It was not provided with any evidence in relation to insight or remediation, and it could not be satisfied that he would not repeat his misconduct in future. Accordingly, it determined that Dr Keshta's fitness to practise was impaired by reason of misconduct.

9. As to sanction, the 2011 Tribunal found that Dr Keshta had continually maintained his position that he had no knowledge of the contents of the letter provided to GWT in support of his claim for a higher salary, despite both GWT and the 2011 Tribunal rejecting this position. Further, it found that Dr Keshta's dishonesty was exacerbated by his attempt to cover up his involvement by creating a false audit trail. The 2011 Tribunal found that Dr Keshta's dishonesty was not limited to a single instance, and that despite knowing he was under investigation by GWT, he attempted to deceive GWT by applying for 'special leave' to undertake a higher paid locum position elsewhere. It found that Dr Keshta had demonstrated a propensity to put his own needs above those of patients, and above his professional obligations. It determined that Dr Keshta had failed to show remorse or accept responsibility for his dishonest actions, and it was not satisfied that he had demonstrated any insight into the seriousness of his actions. Accordingly, the 2011 Tribunal determined that erasure was the necessary and proportionate sanction in Dr Keshta's case.

'The 2017 Tribunal' – Dr Keshta's First Application For Restoration

10. On 16 September 2016 Dr Keshta applied, via the GMC's website, to be restored to the Medical Register. The application was considered by a Tribunal in February 2017. The 2017 Tribunal took account of all the documents provided by Dr Keshta, which included references and certificates of good standing, also the submissions made.

11. The 2017 Tribunal was satisfied that Dr Keshta had taken positive steps in the right direction, and that he had begun to develop insight, but it was not satisfied that he had yet gained full insight into the failings found by the 2011 Tribunal. Further, the 2017 Tribunal was not convinced that Dr Keshta recognised or accepted the impact his actions could have had on patient care and he did not accept that all of his actions were deliberately misleading.

12. The 2017 Tribunal bore in mind that Dr Keshta did not have legal representation, and that given English was not his first language, it might be more difficult for him to express the totality of his reflection. Nonetheless, it determined that patients must be able to trust their doctors, and that given the lack of evidence he had provided in support of his insight and remediation, it would not be in the public interest to restore his name to the medical register. Therefore, whilst the 2017 Tribunal were impressed by the efforts Dr Keshta had made to keep his medical skills and knowledge up to date, and whilst satisfied that he had begun to show insight into his failings, the 2017 Tribunal rejected Dr Keshta's application for restoration. The 2017 Tribunal was of the view that, Dr Keshta must demonstrate and provide evidence of integrity and remediation to a degree whereby the Tribunal can accept with confidence that similar acts will not be repeated.

'The 2020 Tribunal' – Dr Keshta's Second Application For Restoration

13. Dr Keshta applied to be restored to the Medical Register on 8 April 2019. The application was considered by a Tribunal which initially sat on November 2019, but it went part heard and reconvened in January 2020. In his restoration application, Dr Keshta indicated that since his erasure from the medical register, he had practised medicine in Saudi Arabia and Egypt and he listed a number of medical posts. The 2020 Tribunal took account of all the documents provided by Dr Keshta, which included Certificates of Good Standing provided by the Saudi Commission for Health Specialties and the Egyptian Medical Syndicate, documentation relating to Dr Keshta's recent clinical work, certificates of attendance at clinical courses, and list of presentations he had given.

14. Dr Keshta provided two personal statements to the 2020 Tribunal. The first reflective statement did not include the full acceptance of his wrongdoing. In fact, it maintained his denial

of being dishonest in respect of the special leave application to enable him to work elsewhere. The 2020 Tribunal found Dr Keshta's second written reflective statement to be heartfelt and meaningful, evidencing his remorse. In that statement, Dr Keshta sets out in detail his approach to the critical issue of dishonesty, which the 2020 Tribunal found most helpful. As to his oral evidence, the 2020 Tribunal found it compelling and believed that Dr Keshta was now telling the truth. It found that he did his very best to be honest, he had made full and frank admissions and appreciated he had made poor judgement calls. The 2020 Tribunal accepted his evidence that he has come clean to 'make peace' with himself. Further, it was confident he would not repeat that dishonesty.

15. With regards to his skills and knowledge, the 2020 Tribunal had been presented with ample evidence regarding his activities whilst working abroad. Further the 2020 Tribunal was reassured by the certificates of Good Standing and CPD work undertaken. It had taken account of the online ethics course that Dr Keshta had completed and taken account of the learning and reflections he gained as a result. The 2020 Tribunal was satisfied that Dr Keshta had fulfilled his obligations to keep his medical knowledge and skills up to date.

16. While the 2020 Tribunal was heartened at the progress that Dr Keshta had made in providing new admissions, reflecting on how his wrongdoing came about, and steps he had taken to address this, it considered there remained some concerns. The 2020 Tribunal was particularly troubled by:

- i) that as recently as 2017 Dr Keshta failed to be honest with a previous Tribunal;
- ii) that his undated reflective statement, which must have been completed after his ethics course on 22nd April (because it is referenced), maintained his earlier position;
- iii) that in emphasising Egyptian practices which allow a doctor to take a leave of absence from one place in order to work in another, he seeks to minimise his behaviour.

17. In the 2020 Hearing, Dr Keshta acknowledged that he used self-justification to account for his behaviour to himself. Examples of this were: by not drawing two salaries simultaneously, no real wrongdoing was occurring; that he had expenses; that he had worked at higher grades and had experience which was commensurate with a higher salary. What the 2020 Tribunal had not heard was how Dr Keshta will ensure that this was not behaviour he will be tempted to follow again.

18. Having regard to all three limbs of the overarching objective, the 2020 Tribunal determined that it would not be appropriate to allow Dr Keshta to return to unrestricted practice at this time. Therefore, the 2020 Tribunal refused Dr Keshta's application for restoration.

19. The 2020 Tribunal determined that Dr Keshta could reapply to be restored to the Medical Register in 12 months' time. Any future Tribunal considering Dr Keshta's application for restoration may be assisted by, amongst other things, the following:

- A personal statement setting out his reflections, which focus on his initial dishonest misconduct, and his dishonesty to the 2017 Tribunal, dated to reflect the period between now and the date of any future hearing;
- Written testimonials from colleagues who are aware of this Tribunal's findings and which reference his probity;
- Evidence of further learning which he considers relevant to professional ethics and behaviour;
- Evidence of work with a mentor to develop insight and show remediation, as proposed on Dr Keshta's behalf; and
- Evidence that he has kept his medical knowledge and clinical skills up to date.

The Current Restoration Hearing

20. This is Dr Keshta's third hearing in relation to an application to be restored to the Medical Register.

The Evidence

21. The Tribunal has taken into account all the evidence that it has received, both oral and documentary.

22. The parties provided an agreed bundle of the following documentary evidence which included, but was not limited to:

- The determination from the 2011 Tribunal;
- Determination on first restoration application dated 21 February 2017;
- Determination on second restoration application dated 22 January 2020;
- Dr Keshta's application for restoration dated 15 May and 6 June 2023;
- Reflective journal of CPD learning, dated January 2020 – May 2023;
- Minutes of meetings between Dr Keshta and his mentor Dr A;
- Certificates of Good Standing from the Egyptian Medical Syndicate, dated 14 August 2023 and 3 January 2024;
- Testimonial witness statements from:
 - Dr B, Consultant of Ophthalmology, dated 1 October 2023;

- Dr C, Consultant in Medicine and Endocrinology, dated 2 October 2023;
- Dr D, Consultant of Obstetrics and Gynaecology, dated 2 October 2023;
- Dr A, Consultant of Obstetrics and Gynaecology, dated 3 October 2023;
- Dr E, Consultant of Anaesthesia, dated 11 November 2023.

Submissions

23. The following is a non-exhaustive summary of submissions made.

On behalf of the GMC

24. Ms Widdett, Counsel, submitted that the GMC was neutral on Dr Keshta’s application for restoration but that it is ultimately a decision for the Tribunal using the broad discretion identified in the *Guidance for medical practitioners tribunals on restoration following disciplinary erasure* (‘the Guidance’). She reminded the Tribunal that the burden of proof is on Dr Keshta to satisfy the Tribunal that he is fit to return to unrestricted practice. Ms Widdett reminded the Tribunal of the findings of the previous Tribunals.

25. Ms Widdett referred the Tribunal to the case of *GMC v Chandra [2018] EWCA Civ 1898*, and the test to be applied in considering the restoration application:

‘Having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective.’

26. Ms Widdett turned to Dr Keshta’s currently level of insight. She submitted that Dr Keshta said that his journey towards insight began during his first ethics and probity course. She submitted that Dr Keshta said that he accepted his mistakes, and he takes ownership of them. She also highlighted a number of passages from Dr Keshta’s Reflective Journal:

“I understand that genuine change takes time and effort, and I am fully committed to undertaking the necessary work to ensure that I never again allow my interests to compromise my duty as a doctor.

I acknowledge that my references to cultural practices during the previous tribunal may have come across as an attempt to minimise my behaviour. However, I now understand that this was a justification I convinced myself of. I am committed to gaining further insight into the matter of applying for sick leave to seek another placement.”

27. In terms of remediation and risk of repetition, Ms Widdett submitted that any remediation evidence should be relevant and measurable. She referred to the written testimonials from colleagues of Dr Keshta who are aware of the previous Tribunal's findings and who set out their understanding of the probity allegations. Ms Widdett submitted that there was evidence of learning in relation to ethics and probity courses. She also referred the Tribunal to Dr A's statements which demonstrated a detailed relationship in which they discussed issues of probity. However, she submitted that the Tribunal needs to consider whether they have any measurable evidence of clinical practice for the last four years and it should assess the weight attached to the evidence of remediation.

28. Ms Widdett submitted that the Tribunal having considered all the matters, it must ask themselves whether an ordinary well-informed member of the public who was aware of all the relevant facts of this case would be concerned to learn that Dr Keshta had been allowed to return to practice. In asking that question, she submitted that the Tribunal should step back and balance its findings against whether the restoration will meet the overarching objective.

On behalf of Dr Keshta

29. Ms Keshta took the Tribunal to various passages relating to Dr Keshta's level of insight in the previous determinations. She submitted that following the outcome of the last restoration hearing in 2020, this triggered Dr Keshta to research his self-serving justifications. She submitted that Dr Keshta utilised a framework for ethical decision making and a "want-should" template to apply to medical ethics. Dr Keshta stated that *"By focusing on this area of research, I can identify and remedy my faltered thought processes, hopefully leading to improved ethical behaviour and patient care."* She submitted that Dr Keshta had used the allegations proved against him as template entries in his Reflective Journal to show his matured insight and changed mindset. For example, when reflecting on the forged letter, Dr Keshta stated:

"As I reflect on my recent decision to forge a letter from the NHS professional agency to the Great Western Trust, I am filled with deep regret and disappointment in myself. At the time, I convinced myself that I had no choice but to fabricate the document to secure a salary increase. However, upon further reflection, I recognise that my actions were unethical and violated several principles of the GMP guide by the GMC. One of the fundamental ethical principles at stake was honesty and integrity. As a doctor, I have a duty to be truthful and transparent in my interactions with patients,

colleague,...Through my actions, I plan to rebuild the relationships I have lost and regain the trust of those my mistakes have Impacted.”

30. Ms Keshta submitted that Dr Keshta believes that erasure was the correct outcome to his misconduct, he stated:

“I failed to see that I was not being punished and that my erasure was so that my patients, the general public and the medical profession were shielded from my dishonesty”.

“The course has also highlighted the moral principles that govern other healthcare professionals and the duties of their regulatory bodies. It was very eye-opening as you could see the same principles being applied to all healthcare professionals, with physicians being held to the highest standards of ethics and probity. This made me realise I let down my colleagues from other medical and non-medical disciplines and failed to be a good example.”

“Practically identifying, recognising and understanding the numerous opportunities I’ve missed to remedy the situation I placed myself in and put an end to my dishonesty has been overwhelmingly eye-opening.”

31. Ms Keshta submitted how Dr Keshta’s the use of the word “eye opening” adds another layer of appreciation to his changed mentality. She submitted that Dr Keshta didn't shy away from documenting how he saw the GMP in a new light because he insists on demonstrating his changed mentality throughout his journal.

32. Ms Keshta referred to the list of requirements set out for Dr Keshta in the previous Tribunals’ determinations, which she submitted have been completed. Ms Keshta submitted that Dr Keshta has completed his ethics training by completing the medical ethics course and he has reflected on its importance. This is why Dr Keshta decided to log various ethical dilemmas in his Reflective Journal that are not necessarily related to his case following the 2011 Tribunal recommendations. Ms Keshta submitted that the aim of the various ethical dilemma work was to increase ‘ethical muscle memory’, so that by exposing himself to more scenarios and following through the want-should template, the process would be engraved in his daily life.

33. Ms Keshta submitted that Dr Keshta applied the different domains of Good Medical Practice to the GVV framework. She submitted that Dr Keshta, after growing his ‘ethical muscle memory’ by working through template entries, decided to address the ethical

dilemma of whether he should re-apply to the medical register. She submitted that he has addressed how he would have acted differently with his now changed mindset.

34. Ms Keshta submitted that Dr Keshta explains the conditions surrounding his past misconduct was driven by dishonesty related to financial gain. She submitted that Dr Keshta's mindset has changed when he considers "*the bigger picture*" and he showed his remorse and regret by acknowledging his mistakes and apologising to the past Tribunals, GMC, patients and general public. Ms Keshta submitted that this was an advancement from his 2017 and 2020 Tribunals, when he explained how apologies are difficult in his culture and how admitting his mistakes especially in front of his family was difficult.

35. Although Dr Keshta has worked very closely with his mentor Dr A, Ms Keshta submitted that he has led his own remediation and mindset transformation efforts through his readings and trainings in ethics. His journal entries which span clinical, medical and behavioural dilemmas show how his changed mentality and ethical growth act as shields against any risk of repetition of misconduct and thus risk posed to patients.

36. When considering his degree of remediation, Ms Keshta highlighted Dr Keshta's trainings in ethics and medicine, his consistent exchanges with his mentor, testimonials from colleagues, evidence of course attendance and learnings, evidence of learnings about past misconduct throughout the book chapters, and how the learnings have been applied in practice. She also referred to the Good Standing Certificates showing that there was no repetition. She submitted that the Good Standing Certificates coupled with evidence of using GMP as the pre-commitment device thus demonstrated that Dr Keshta was working according to UK standards.

37. When considering whether Dr Keshta's medical knowledge and practice are up to date, Ms Keshta submitted it was important to consider that he currently works full time in Ain El Hayah Pentamed Hospital as signed and stamped by the General manager of the Hospital. Dr Keshta has continued working in medicine overseas and used his work to keep up to date with developments in obstetrics and gynaecology. He operates 2 separate clinics with 10-20 surgeries per month including elective, emergency and scheduled surgeries. She submitted that this showed that If there was any deterioration in his medical knowledge and practice or any dishonest acts or misconduct, he would not be able to maintain this position for this duration.

38. Ms Keshta submitted that Dr Keshta's transition from the "catalogue of dishonest acts" to his reflective journal and his pre-statement shows how there is no risk of repeating his past misconduct as well as evidencing his empathy and remorse.

The Tribunal's Approach

39. Throughout its consideration of Dr Keshta's application for restoration, the Tribunal was guided by the approach set out in the GMC's document 'Guidance for doctors on restoration following erasure by a Medical Practitioners Tribunal' ('the Guidance')

40. The Tribunal must have regard to the statutory overarching objective, which is as follows:

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

41. It reminded itself that the onus is on Dr Keshta to satisfy the Tribunal that he is fit to return to unrestricted practice. The Tribunal should not seek to go behind the findings on facts, impairment and sanction made by the 2011 Tribunal.

42. The Tribunal reminded itself that, in making its decision, it should consider the following relevant factors:

- a) the circumstances that led to disciplinary erasure;
- b) whether Dr Keshta has demonstrated insight into the matters that led to his erasure, taken responsibility for his actions, and actively addressed the findings about his behaviour and skills;
- c) insight and remorse;
- d) remediation and risk of repetition;
- e) previous findings or any new concerns about the doctor's behaviour;
- f) whether the previous findings about the doctor's behaviour have been remedied;
- g) likelihood of repetition of the previous findings about the doctor's behaviour;
- h) what the doctor has done since their name was erased from the register:
 - i) whether Dr Keshta has taken to keep his skills and knowledge up to date; and
 - j) the lapse of time since erasure.

43. The Tribunal should be mindful whether an ordinary well informed member of the public who is aware of all the relevant facts would be concerned to learn that the doctor has been allowed to return to practice.

44. The options available to the Tribunal today are to grant or refuse the doctor's application for restoration to the medical register. It can also adjourn the hearing if it feels that further enquiries need to be carried out.

45. The decision as to whether to restore Dr Keshta's name to the register is a matter for this Tribunal exercising its own judgment and balancing its decision on whether the doctor is fit to practice, whilst having regard to each of the three elements of the overarching objective.

46. The Tribunal took account of all the evidence before it, both oral and documentary. It has also considered the submissions made by Dr Keshta and Ms Widdett.

The Tribunal's Decision

The circumstances which led to the doctor's erasure

47. The Tribunal took into account the determinations and findings of the 2011 Tribunal as well as Dr Keshta's previous unsuccessful restoration applications as set out above.

48. The 2011 Tribunal found that Dr Keshta's actions were misleading and/or dishonest and motivated by financial gain. It found Dr Keshta's misconduct was not a single act of dishonesty, but rather a series of dishonest actions, that persisted as recently as the 2020 Tribunal.

49. This Tribunal then went on to consider whether Dr Keshta has now addressed the concerns raised by the previous Tribunals.

Whether the doctor has demonstrated insight into the matters that led to erasure, taken responsibility for their actions, and actively addressed the findings about their behaviour or skills

Insight and remorse

50. The Tribunal had regard to paragraph B10 of the Guidance:

***B10** Factors that can be relevant to a doctor demonstrating genuine insight include, but are not limited to, evidence they have:*

a considered the concern, understood what went wrong and accepted they should have acted differently

b demonstrated that they fully understand the impact or potential impact of their performance or conduct, for example by showing remorse
c demonstrated empathy for any individual involved, for example by apologising fully
d taken steps to remediate and to identify how they will act differently in the future to avoid similar issues arising

51. The Tribunal first considered Dr Keshta’s progression in terms of the development of his insight at the 2011, 2017 and 2020 Tribunals. It noted how Dr Keshta had failed to show insight at either the 2011 or 2017 Tribunals. The Tribunal also noted that Dr Keshta’s first expression of insight was in his second reflective statement as late as the 2020 Tribunal, while his first reflective statement maintained partial denial of being dishonest. The Tribunal noted that the 2020 Tribunal’s conclusions were that Dr Keshta did his very best to be honest, he made full and frank admissions and appreciated he had made poor judgement calls. However, despite Dr Keshta’s progress, the 2020 Tribunal considered there remained some concerns. As such, his second application for restoration was denied and he remained erased.

52. The Tribunal carefully considered the current evidence at this 2024 hearing, including the written Reflective Journal and oral evidence by Dr Keshta. It considered that Dr Keshta accepted the previous Tribunal’s findings about his dishonesty, understood what he did was wrong and why, and accepted that he should have acted differently.

53. The Tribunal noted that within his Reflective Journal, Dr Keshta stated that:

“I understand that genuine change takes time and effort, and I am fully committed to undertaking the necessary work to ensure that I never again allow my interests to compromise my duty as a doctor.”

54. Dr Keshta has apologised for his misconduct and the Tribunal found his expressions of regret and remorse were sincere, credible and genuine.

55. The Tribunal considered that Dr Keshta’s journey of insight has been long, and he has had to overcome a lot of self-serving justification for his actions. It bore in mind the 2020 Tribunal’s concern that Dr Keshta emphasised Egyptian practices which allow a doctor to take a leave of absence from one place in order to work in another and that he sought to minimise his behaviour. Dr Keshta reflected on this issue in his Reflective Journal:

“I acknowledge that my references to cultural practices during the previous tribunal may have come across as an attempt to minimise my behaviour. However, I now understand that this was a justification I convinced myself of. I am committed to gaining further insight into the matter of applying for sick leave to seek another placement.”

56. The Tribunal noted that Dr Keshta has since addressed this issue and he admitted in oral evidence that *“self-justification was wrong”* referring to his dishonesty. The Tribunal considered Dr Keshta’s explanations of cultural influences that may have played a part in the time taken to accept his misconduct. He had stated in his reflective statements in the 2020 Tribunal that: *“...Culturally, a husband and a father are the ‘god’ of the house. I did not want my family to find out that I lied and forged a letter. This is not how I want to set an example to my family and the wider public. Apologies are not something that are easily granted where I come from. My ego prevented me from reaching full insight into the case early enough and I regret this deeply. I have now reached a stage where I am openly admitting everything I did. I have not felt more at peace with myself as I feel now. I will never put myself in this place again. These mistakes will not be repeated.”*

57. However, with time and effort made on Dr Keshta’s behalf (as evidenced in his extensive Reflection Journal), the Tribunal considered that he has since acknowledged the full extent of his dishonesty and has learnt to express his shame in a genuine manner *“I feel a deep sense of shame and regret for the harm that I have caused to patients, colleagues, and the wider healthcare system.”*

58. The Tribunal was satisfied that Dr Keshta does now fully understand the gravity of his dishonesty and has a deeper understanding of its impact on his personal standing as a registered doctor and the potential impact on public trust and confidence.

Remediation and risk of repetition

59. The Tribunal reminded itself of the following paragraphs of the Guidance relating to remediation, which state:

B13 Remediation is where a doctor actively addresses concerns about their behaviour, skills, performance or health. Remediation can take a number of forms and, where successful, will weigh in favour of allowing restoration.

B15 Remediation can take several forms, including, but not limited to:

a participating in training, supervision, coaching and/or mentoring relevant to the concerns raised

b attending courses relevant to the concerns raised, for example anger management, maintaining boundaries, ethics or English language courses

c evidence that shows what a doctor has learnt following the events that led to the concerns being raised, and how they have applied this learning in their practice (where applicable)

d evidence of good practice in a similar environment to where the concerns arose

60. The Tribunal acknowledged that dishonesty was difficult to remediate, and Dr Keshta had admitted to the 2020 Hearing that he made further dishonest statements in the previous 2017 Tribunal.

61. The Tribunal bore in mind that Dr Keshta has been meeting with his mentor Dr A since April 2020 they have engaged in 32 meetings. During these sessions, they have discussed the details of Dr Keshta's case from 2009 to 2019, reviewed relevant documents and considered ethical issues.

62. The Tribunal also took into account Dr Keshta's 348-page Reflective Journal in which he documents his journey towards gaining insight and his CPD learning. In this Reflective Journal, he also considers encountering a wide range of ethical scenarios and discusses what he would do to make accurate ethical decisions when dealing with ethical dilemmas in his medical practice. Dr Keshta stated in his Reflective Journal that he has "*been committed to working and addressing the concerns raised about my conduct, insight into my case, and degree of remediation. My plan focused on reflecting on my mistakes as an important part of the learning process. It allowed me to identify areas for improvement and make changes to prevent similar mistakes from happening again in the future.*"

63. Dr Keshta stated that he utilised the following methods for personal growth and referenced the evidence:

1. Journaling: A tool for self-reflection, documenting thoughts, feelings, and ethical dilemmas ([Dr Keshta's] reflective journal).

2. Debriefing: Engaging with my mentor to gain insights and perspectives, fostering a more nuanced understanding (evident in Dr A's statement and [their] meeting minutes).

3. Root Cause Analysis: A structured approach to identifying underlying causes of mistakes and preventing recurrence (want-should templates and the Giving Voice to Values (GVV) framework).

4. Feedback: Actively seeking feedback from colleagues, mentors, patients, and family to maintain objectivity and identify areas for improvement (evident in my exchanges with Dr A and others in sections “Debriefing your decision with the devil’s advocate” and “Group decision-making and feedback (family round table)”) in the “want-should” entries.

64. The Tribunal was impressed with the substantial remedial work from Dr Keshta. It considered the Reflective Journal to be a detailed description of Dr Keshta’s personal growth that culminated on his frank reflections on own issues of misconduct. It noted that Dr Keshta had undertaken relevant training, including a course on Ethics and Probity and had regular meetings with his mentor Dr A. Taking Dr Keshta’s insight and remedial work into account, the Tribunal accepted that Dr Keshta has carefully reflected on his actions and considered how he would act differently if difficult ethical dilemmas arose again. The Tribunal took the view that his written reflections were sufficiently detailed and thorough, and it was satisfied that there was evidence that Dr Keshta had learnt following the events.

65. Turning to the risk of repetition, the Tribunal bore in mind paragraph B23 of the Guidance:

B23 *Tribunals can also consider the following factors in assessing whether the concerns are likely to be repeated:*

a whether there was a pattern of similar concerns

b the environment in which a doctor has been working since their erasure

i. where a doctor has been working in a similar environment to where the concerns arose and has been exposed to situations when there was a risk of repeating the concerns, the absence of repetition will be relevant

ii. where a doctor has not been working in a similar environment to where the concerns arose the absence of repetition will be of little or no relevance

c the circumstances giving rise to the concerns – if the concerns arose in unique circumstances which are themselves unlikely to be repeated, then, it may suggest that the risk of repetition in the future is reduced

d what steps a doctor has put in place to avoid the circumstances arising again and/or to cope with those circumstances, should they arise again

e whether the doctor has an otherwise positive professional record, including an absence of any other concerns from past or current employers or another regulatory body

66. The Tribunal was cognisant that Dr Keshta had previously demonstrated a pattern of dishonest behaviour, which continued to be partially denied, as late as the 2020 Hearing. However, it was of the view that Dr Keshta has taken genuine consideration of the recommendations as set out by the 2020 Tribunal. It considered its overall findings in relation to insight and remediation:

- Dr Keshta’s insight has deepened considerably since the 2020 Tribunal and that he has demonstrated that he now fully understands the impact of his actions. In his reflections and oral evidence, Dr Keshta described clearly how his behaviour impacted public trust, patients, colleagues, the medical profession, and himself. The Tribunal considered that Dr Keshta had demonstrated remorse for his actions and a desire to move on in a positive and constructive way.
- Dr Keshta has demonstrated understanding of his misconduct; he has undertaken a considerable amount of self-reflection on his previous motives;
- Dr Keshta has undertaken extensive remedial work on Ethics and Probity over the past four years as evidenced by his mentor, his CPD, and his Reflective Journal. This demonstrated he has gained insight and newfound cognitive approach to ethical dilemmas if they should arise again and how he would apply his learning to take a different course of action;
- There have not been any new concerns raised about the Dr Keshta’s behaviour since the last hearing and there have not been any new allegations of misconduct.

67. Taking the totality of evidence into account, the Tribunal was satisfied the risk of repetition to be low.

What the doctor has done since their name was erased from the register

68. The Tribunal considered any activities Dr Keshta has undertaken since erasure and whether these are relevant to their current fitness to practise. It bore in mind paragraph B27 of the Guidance, this stated:

‘Overseas practice

***B27** If the doctor has been practising overseas, tribunals should carefully consider whether they are in good standing, have provided a certificate to this effect, and if they are able to provide satisfactory references from current and previous employers.’*

69. The Tribunal noted that since his erasure, Dr Keshta has worked as a Consultant Obstetrician & Gynaecologist in Egypt. It noted Dr Keshta’s Certificate of Good Standing from Egypt’s Medical Syndicate, dated 3 January 2024. This certificate attested to Dr Keshta’s good

conduct and behaviour in Egypt and confirmed it had no reason to prevent him from working outside Egypt.

70. The Tribunal also bore in mind the record of CPD provided and the positive testimonials provided on Dr Keshta's behalf by five of his colleagues from different hospitals who attest to his clinical competence.

71. Dr D, Consultant of Obstetrics and Gynaecology stated he has worked alongside Dr Keshta since 1999 both as colleagues at El-Galaa Teaching Hospital and later as fellow consultants at Queen's Royal Private Hospital in New Cairo. He stated:

"While serving as a Senior Consultant Obstetrician and Gynecologist at El-Galaa Teaching Hospital, Dr. Medhat fulfilled his clinical duties and played a pivotal role in contributing towards the hospital's scientific efforts. His commitment to the improvement of this renowned teaching hospital is commendable.

Since 2017, our collaboration has continued at Queen's Royal Private Hospital. Dr. Medhat and I frequently rely on each other's expertise in various medical procedures and cases."

72. Dr E, Senior Consultant of Anaesthesia, stated that he has worked with Dr Keshta since 2017 at Elkablaat Specialized Hospital and during his role he would collaborate closely with Dr Keshta who held the position of a Senior Consultant Obstetrician and Gynaecologist. He stated:

"Dr. Keshta has consistently demonstrated exceptional surgical skills, particularly in the areas of hysteroscopy and laparoscopy procedures. I can attest that these procedures, under his supervision, have achieved a remarkable success rate of 100%, and importantly, they have been conducted without any complications.

As a consultant in anesthesia, patient safety is of utmost importance to me. I feel confident working with Dr. Keshta, given his high level of competence, attention to detail, and commitment to delivering quality medical care."

73. The Tribunal was mindful that it did not receive any further evidence of the clinical work described within the testimonies, such as surgical logs or an appraisal system but accepted that there is not a formal appraisal process within the medical profession in Egypt. Nor did the Tribunal receive any references from current or previous employers. It noted that Dr Keshta is self-employed and has not been employed since 2022.

74. Notwithstanding the absence of that information, the Tribunal accepted Dr Keshta's Certificates of Good Standing, his CPD record and the positive testimonies regarding Dr Keshta's clinical competence as sufficient evidence that he has been treating patients in a clinical setting in Egypt as he described in his written and oral evidence.

The steps the doctor has taken to keep their medical knowledge and skills up to date

75. The Tribunal was mindful that the onus is on Dr Keshta to demonstrate that his medical knowledge and skills are up to date, and he is safe to resume unrestricted practice. It was the Tribunal's role to evaluate whether the steps Dr Keshta has taken are adequate to allow to him return to full practice.

76. Since Dr Keshta's name was erased from the Medical Register in 2011, the evidence showed that Dr Keshta has worked at a senior level in his area of expertise in Egypt and Saudi Arabia. Dr Keshta is considered by his colleagues to be a competent clinician (as described above in paragraph 70-72). Dr C, Consultant in Medicine and Endocrinology stated about Dr Keshta: *"Based on my extensive knowledge of Dr. Keshta's character and professional conduct, I can confidently affirm that there are no concerns about his behaviour or integrity. Dr. Keshta is an honest and dedicated medical professional who is deeply committed to his patients and the medical field."*

77. The Tribunal noted that Dr Keshta undertook a number of CPD activities from 2020 – 2024 to maintain his medical knowledge and skills, such as regular reading of medical articles and attending medical webinars. Dr Keshta's CPD learning was also recorded within his Reflective Journal. While the Tribunal acknowledged Dr Keshta's learning in this regard, it placed less weight to these online CPD activities.

78. The Tribunal noted that this case does not relate to patient safety concerns however it was mindful that Dr Keshta has not had any clinical contact with patients in the UK since his erasure. The Tribunal considered that Dr Keshta has continued to work as a doctor in both Egypt and Saudi Arabia since that time. Dr Keshta outlined to the Tribunal his current clinical duties include working five days a week, undertaking outpatient clinics, elective and emergency surgery, and ward rounds. The Tribunal was satisfied that it had sufficient evidence that Dr Keshta has met his obligations to maintain his medical knowledge and skills through his CPD, his overseas practice at a senior level, his positive testimonials from colleagues and his Certificates of Good Standing.

Lapse of time since erasure

79. The Tribunal noted the significant lapse of time since the index events which culminated in Dr Keshta's erasure from the Medical Register in 2011.

80. The Tribunal was concerned that Dr Keshta was persistent with his dishonesty as late as the 2020 Tribunal. However, it considered that Dr Keshta has made proactive and targeted steps by way of insight since his last application for restoration in 2020, that he does not pose a risk to patients or to public confidence in the profession.

Conclusion

81. Having made the above findings as to whether Dr Keshta is fit to practise, the Tribunal next had regard to the statutory overarching objective. In so doing, it performed a balancing exercise, weighing its findings above with its obligations under the individual limbs of the overarching objective which it has already set out.

82. The Tribunal was satisfied that if it were to restore Dr Keshta's name to the Medical Register, in so doing it would *protect, promote and maintain the health, safety and well-being of the public*. There were no concerns about Dr Keshta's clinical skills before the 2011 Tribunal, or patient safety concerns, and no new concerns have been raised since then.

83. When considering limb two, namely, to *protect and promote public confidence in the profession*, the Tribunal considered the findings of the 2011 Tribunal. This was a doctor whose misconduct concerned serious and repeated dishonesty which brought the profession into disrepute and erasure was the sanction appropriate and proportionate response. While the Tribunal considered that Dr Keshta's misconduct and dishonesty was serious, it bore in mind that he was not erased for conduct that was of an exceptionally serious nature, as referred to in paragraph B49 of the Guidance:

B49 Restoration is unlikely to meet the overarching objective if the doctor was erased for conduct that was of an exceptionally serious nature such as being convicted of the following types of criminal offence:

- *Murder*
- *rape or sexual assault by penetration*
- *sexual offences involving children or adults with a mental disorder impeding choice. This could include the creation, possession or distribution of child sex abuse materials.*
- *offences involving human trafficking, slavery, servitude and forced or compulsory labour*
- *extortion and blackmail.*

84. The Tribunal was satisfied that the public interest in the case was met when Dr Keshta was erased from the Medical Register in 2011, and that a reasonable and fully informed member of the public would now attach weight to the progress that the doctor has made in the intervening years. Dr Keshta now has insight into his dishonesty and the wider ethical issues, such as the lack of trust and the impact on his patients, he has remediated his misconduct and kept his knowledge and skills up to date. The Tribunal determined therefore that public confidence in the medical profession would not be undermined if Dr Keshta's name was restored to the Medical Register.

85. The Tribunal next considered limb three of the overarching objective, *to promote and maintain proper professional standards and conduct for members of the profession*. It was satisfied that a clear message was sent out to the medical profession that Dr Keshta's conduct, which led to his erasure in 2011, was not acceptable, and fell far below the standards expected of medical practitioners. The Tribunal was satisfied that the sanction of erasure served as a deterrent to other medical professionals and sent out a clear message that such conduct is not acceptable.

86. The Tribunal considered that Dr Keshta has undertaken the remediation and demonstrated insight to a sufficient standard where his name can be restored to the Medical Register. It considered that Dr Keshta has developed a good understanding of why he acted as he did, and that he now realises the importance of acting with honesty and integrity. It did not consider that professional standards or public confidence in doctors would be damaged by restoring Dr Keshta to the medical register. The Tribunal was therefore satisfied that limb three of the overarching objective has been met.

87. Overall, the Tribunal was of the opinion that Dr Keshta has met all of the outstanding concerns and recommendations of the 2020 Tribunal. Having considered the circumstances which led to Dr Keshta's erasure and the extent of his remediation and insight and having regard to all three limbs of the overarching objective, the Tribunal determined that Dr Keshta is fit to practise, and it is appropriate to allow him to return to unrestricted practice.

88. In conclusion, the Tribunal determined to grant Dr Keshta's application to be restored to the Medical Register.

89. That concluded this case.

ANNEX A – 28/02/2024

Application for Dr Keshta to be represented by Ms Fatema Keshta

1. Dr Keshta made an application under Rule 33 of the Rules to be represented by Ms Fatema Keshta, his daughter, at the hearing.

Submissions on behalf of the GMC

2. Ms Widdett submitted to the Tribunal that the GMC does not oppose the application for Dr Keshta to be represented by Ms Fatema Keshta.

Submissions on behalf of Dr Keshta

3. Ms Keshta submitted that she was a pharmacist and is of good standing. Dr Keshta stated that his daughter represented him in the last Tribunal, and he found this to be very useful and she presented him very well.

Tribunal Decision

4. The Tribunal had regard to Rule 33(1)(c) of the Rules which states:

"(1) At a hearing, the practitioner may be represented by- (c) at the discretion of the Committee or Tribunal, a member of his family or other suitable person."

5. The Tribunal was of the view that there was nothing before it to suggest that Ms Fatema Keshta is not a fit and proper person to represent Dr Keshta at this hearing. Bearing in mind the need for this hearing to proceed expeditiously and in fairness to the practitioner, the Tribunal exercised its discretion and determined to grant Dr Keshta's application for Ms Keshta to be his representative.