

PRIVATE RECORD

Dates: 07/02/2022 - 18/02/2022
22/06/2022 – 23/06/2022

Medical Practitioner's name: Dr Michael Ashak Soliman SHOUKRI

GMC reference number: 6121248

Primary medical qualification: MB BCh University of Minya

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

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Linda Lee
Lay Tribunal Member:	Ms Colette Neville
Medical Tribunal Member:	Mr Thomas George
Tribunal Clerk:	Mr Andrew Ormsby

Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Malcolm Fortune, Counsel, instructed by Burton Copeland LLP
GMC Representative:	Mr Peter Atherton, Counsel, (7 – 18 February 2022) Ms Colette Renton, Counsel, (22 – 23 June 2022)

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 - 16/02/2022

Background

1. Dr Shoukri qualified in Egypt in 1991 at the University of Minya and acquired his MD in General Internal Medicine in January 2000 at Ain Shams University. Prior to the events which are the subject of the hearing Dr Shoukri practised in Egypt until 2007 and then worked in the United Kingdom at various hospitals which included the Glan Clwyd Hospital (GCH) in Rhyl, North Wales (mainly based at the Abergele Community Hospital) and at the Wrexham Maelor Hospital ('WMH').
2. Dr Shoukri applied to the GMC's Specialist Application Team for Specialist Registration in Geriatric Medicine via the Certificate of Eligibility for Specialist Registration ('CESR') route ('the Application') on 14 October 2018.
3. Following a review of Dr Shoukri's CESR application form and documentary evidence, the GMC determined that he did not meet the eligibility requirements for the CESR application.
4. As part of the CESR application process, doctors are required to submit extensive portfolios of documentary evidence to demonstrate equivalence to the current training (CCT) curriculum that is in place for the speciality that they have applied for.
5. It was alleged that Dr Shoukri dishonestly submitted falsified documents in support of his Application.
6. It was alleged that Dr Shoukri submitted falsified Referral Letters in support of the Application that appeared to contain similar information to each other, did not include the

names of any addressee and which could not be verified, in order to give the impression that he had more experience in the specialty of Geriatric medicine than he had. It was also alleged that he falsified certificates and Workplace Based Assessments ('WPBAs') as well as an Educational Programme Specification. It was also alleged that he had submitted two letters which he had altered.

7. The GMC's Specialist Application Team referred this case to the GMC's Fitness to Practise Directorate on 25 February 2019.

The Outcome of a Preliminary Application

8. The Tribunal granted the GMC's application, made pursuant to Rule 17(6) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to delete paragraph 5(a)(ii) of the Allegation. Mr Fortune, on behalf of Dr Shoukri, did not oppose this application.

The Outcome of Applications Made during the Facts Stage

9. An application was made during the facts stage by Mr Fortune, on behalf of Dr Shoukri, under Rule 34, to admit witness evidence from Professor E in support of Dr Shoukri.

10. Mr Atherton, on behalf of the GMC, stated that the GMC took a neutral position on the application but stated that it was lamentable that there was a tendency for hearings to be treated as elastic and witness statements should be lodged in good time. Although a senior clinician may ask to help, there must be a degree of discipline with regard to witness statements being taken and served in good time.

11. Mr Fortune submitted that the overarching principle should be one of fairness, and that when a witness asks if he can assist further this must be of something of significant interest and concern to all parties.

12. The Tribunal considered Rule 34(1) of the Rules, which states:

"The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law."

13. The Tribunal granted Mr Fortune’s application, made on behalf of Dr Shoukri, stating that Professor E’s evidence could be considered to be fair and relevant and that it would in due course consider the weight to be attached to Professor E’s evidence.

14. Mr Fortune further applied for a number of documents to be adduced to the Tribunal. The Tribunal granted his application on the grounds that it was fair and relevant, notwithstanding the failure to serve them in good time.

The Allegation and the Doctor’s Response

15. The Allegation made against Dr Shoukri is as follows:

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

1. On 14 October 2018, you applied for specialist registration in Geriatric Medicine (‘the Application’) in support of which you submitted:
 - a. a letter dated 30 January 2008 confirming an offer of employment at Wrexham Maelor Hospital (‘the Wrexham Letter’); **Admitted and Found Proved**
 - b. certificates as set out in Schedule 1 (‘the Certificates’); **Admitted and Found Proved**
 - c. a programme specification for Internal Medicine from Cairo University (‘the Programme Specification’); **Admitted and Found Proved**
 - d. a letter dated 4 April 2007 from Conwy and Denbighshire NHS Trust in relation to a Senior House Officer post (‘the Conwy Letter’) on which the specialty was amended from ‘ORTHOPAEDICS’ to ‘GERIATRIC DEPA’ (sic); **Admitted and Found Proved**
 - e. workplace based assessments (‘WPBAs’) where the assessor was purportedly Mr A; **Admitted and Found Proved**

- f. anonymised referral letters as set out in Schedule 2 ('the Referral Letters'). **Admitted and Found Proved**
2. You submitted the Wrexham Letter having redacted the word 'Locum' from the job title. **To be determined**
3. You knew that:
 - a. your role at Wrexham Maelor Hospital was:
 - i. a locum position; **To be determined**
 - ii. not acceptable evidence of eligibility for CESR;
To be determined
 - b. the Wrexham Letter had been falsified. **To be determined**
4. Your conduct as set out at paragraphs 1. a. and 2 was dishonest by reason of paragraph 3. **To be determined**
5. You submitted the Certificates which:
 - a. were:
 - i. awarded by organisations which did not exist;
To be determined
 - ii. ~~signed by you;~~ **Amended under Rule 17(6)**
 - b. bore stamps which:
 - i. were copied and pasted; **To be determined**
 - ii. did not have an affiliation with any organisation.
To be determined

6. You knew the Certificates had been falsified. **To be determined**
7. Your conduct as set out at paragraphs 1. b. and 5 was dishonest by reason of paragraph 6. **To be determined**
8. You submitted the Programme Specification which:
 - a. was not the training programme on Cairo University’s official website;
To be determined
 - b. did not bear the correct logo. **To be determined**
9. You knew the Programme Specification had been falsified.
To be determined
10. Your conduct as set out at paragraphs 1. c. and 8 was dishonest by reason of paragraph 9. **To be determined**
11. You submitted the Conwy Letter having amended the specialty from ‘ORTHOPAEDICS’ to ‘GERIATRIC DEPA’. **To be determined**
12. You knew the:
 - a. specialty of your post at Conwy and Denbighshire NHS Trust (‘the Post’) was in orthopaedics; **To be determined**
 - b. Post was not acceptable evidence of eligibility for CESR;
To be determined
 - c. Conwy Letter had been falsified. **To be determined**
13. Your conduct as set out at paragraphs 1. d. and 11 was dishonest by reason of paragraph 12. **To be determined**
14. The WPBAs were falsified in that:
 - a. Mr A was not a registered Medical Practitioner;

To be determined

- b. the UID alleged to be Mr A's was of another registered Medical practitioner; **To be determined**
 - c. a duplicated form was included; **To be determined**
 - d. the assessment you have attributed to a Mr B was not undertaken by him. **To be determined**
15. You knew the WPBAs had been falsified. **To be determined**
16. Your conduct as set out at paragraphs 1.e. and 14 was dishonest by reason of paragraph 15. **To be determined**
17. The Referral Letters submitted:
- a. appeared to contain similar information to each other; **To be determined**
 - b. did not include the name of any addressee; **To be determined**
 - c. could not be verified. **To be determined**
18. You knew the Referral Letters had been falsified to give the impression that you had more experience in the specialty of Geriatric medicine than you did.
19. Your conduct as set out at paragraphs 1.f. and 17 was dishonest by reason of paragraph 18. **To be determined**
20. Your conduct as set out at paragraphs 1-19 above was carried out in order to support the Application when you knew that you did not meet the criteria. **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

16. At the outset of these proceedings, through his counsel, Mr Fortune, Dr Shoukri made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

The Facts to be Determined

17. In light of Dr Shoukri's response to the Allegation made against him, the Tribunal was required to determine whether on 14 October 2018 Dr Shoukri dishonestly submitted falsified documents in support of the Application and that his conduct in doing so was because he knew that he did not meet the criteria for specialist registration in Geriatric Medicine.

Witness Evidence

18. The Tribunal received evidence on behalf of the GMC from the following witnesses:

- Ms C, Specialist Applications Team Coordinator at the GMC, formerly Specialist Applications Team adviser at the GMC at the time of the index events, in person; and
- Mr B, Consultant Anaesthetist currently based in Pretoria, South Africa where he has worked since November 2014, formerly a Consultant Anaesthetist at three hospitals including Abergele Community Hospital and Glan Clwyd Hospital, operated by Betsi Cadwaladr University Health Board, by video link.

19. The Tribunal also received evidence on behalf of the GMC in the form of written witness statements from the following witnesses:

- Ms C, GMC Specialist Applications Team Coordinator, dated 19 June 2019;
- Ms D, GMC Specialist Applications Manager, dated 16 March 2021; and
- Mr B, Consultant Anaesthetist, dated 13 July 2021

20. Dr Shoukri provided his own witness statement dated 28 January 2022. Dr Shoukri also gave oral evidence at the hearing.

21. In addition, the Tribunal received evidence from the following witnesses on Dr Shoukri's behalf:

- Professor E, Consultant in Palliative Medicine and Medical Director at North Manchester General Hospital and Honorary Professor in Health and Behavioural Sciences, by video link. Professor E also submitted an undated written witness statement in support of Dr Shoukri and a testimonial dated 7 February 2022.

Documentary Evidence

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

- Referral to Fitness to Practise Directorate of the GMC;
- Employment letter from North East Wales NHS Trust ('the Wrexham Letter'), dated 30 January 2018;
- Various Certificates, various dates;
- 'Program Specification for MD Degree in Internal Medicine at Cairo University', undated;
- Letter from Conwy and Denbighshire Trust ('the Conwy Letter'), dated 4 April 2007;
- GMC internal email confirming verification of Dr Shoukri's training in general internal medicine, dated 10 March 2020;
- Verification report by the Dataflow Group, dated 19 May 2020
- Workplace Based Assessments (WPBAs), various dates;
- Dr Shoukri's Rule 7 response, dated 17 June 2020;
- Unsigned testimonial from Mr H, Consultant Trauma & Orthopaedic Surgeon Glan Clwyd and Abergele Hospitals, dated 7 February 2022;
- Unsigned testimonial from Father G, Priest, St. Mary and St. Abaskhyron's Coptic Orthodox Church, dated 7 February 2022;
- Unsigned testimonial from Dr F, Consultant Acute Physician and Geriatrician at Southport and Ormskirk NHS Trust, dated 8 February 2022;
- Dr Shoukri's undated ID Badge Swipe Card (work pass) for the Wrexham Hospital; and
- Dr Shoukri's payslip dated 4 December 2008.

The Tribunal's Approach

23. In reaching its decision on facts, the Tribunal had borne in mind that the burden of proof rested on the GMC and it was for the GMC to prove the Allegation. Dr Shoukri did not need to prove anything. The standard of proof was that applicable to civil proceedings, namely the balance of probabilities, i.e. whether it was more likely than not that the events occurred.

24. The Tribunal gave separate consideration to the evidence in relation to each individual Paragraph of the Allegation. In considering the Allegation, the Tribunal had to be satisfied that each Paragraph of the Allegation has been made out before making a finding.

25. When considering matters of dishonesty, the Tribunal took account of the principles in *Ivey v Genting Casinos (UK) Ltd t/a Crockfords [2017] UKSC 67*. It bore in mind that it should first ascertain, subjectively, the actual state of Dr Shoukri's knowledge or belief as to the facts and should then decide whether his conduct was honest or dishonest by applying the objective standards of ordinary decent people.

The Tribunal's Analysis of the Evidence and Findings

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

27. The Tribunal accepted the agreed suggested direction on cross-admissibility:

'The Members of the Tribunal must consider separately the facts in relation to each Head and Sub Head of Charge.

If the Members of the Tribunal were to find the facts alleged in Paragraphs 1e, 14 and 15 to be proved on a balance of probability, those facts may be relevant to the other allegations in so far as they may help the Members of the Tribunal to determine the authenticity of any document, which is in issue and / or the doctor's state of knowledge or belief.

The Members of the Tribunal should bear in mind both the complexity of the Application and the lengthy period of time covered by the numerous documents placed before them.'

28. Given the direction on cross-admissibility, the Tribunal first considered Paragraphs 14, 15 and 16 of the Allegation.

The Tribunal's Overall Determination on the Facts

29. The Tribunal determined the facts as follows:

WPBAs

Paragraph 14 (a)

30. The Tribunal considered the allegation that the WPBAs were falsified in that Mr A was not a registered Medical Practitioner.

31. The Tribunal noted that Mr A was said to be [Mr A] on the WPBAs. It considered Ms D's evidence that there was no such registered Medical Practitioner. Further, the Tribunal noted that Ms C's evidence was not disputed by Dr Shoukri. The Tribunal noted that Dr Shoukri said that he had put the name in error.

32. In light of Ms C's evidence, which was not disputed by Dr Shoukri, the Tribunal determined that Mr A was not a Medical Practitioner.

Paragraph 14 (b)

33. The Tribunal considered the allegation that the WPBAs were falsified in that the UID alleged to be Mr A's was of another registered Medical Practitioner.

34. It considered Ms C's evidence that the UID alleged to be Mr A's was that of another registered Medical Practitioner. Further, the Tribunal noted that Ms C's evidence was not disputed by Dr Shoukri. It noted that the UID was in fact that of Dr I who had conducted a number of WPBAs with Dr Shoukri. It was put to Dr Shoukri that this would be an UID which he was very familiar with.

35. The Tribunal concluded that Dr Shoukri was well aware that the UID was incorrect.

Paragraph 14 (c)

36. The Tribunal considered the allegation that the WPBAs were falsified in that a duplicated form was included.

37. The Tribunal examined the WPBAs entitled '*JRCPTB*' (*Joint Royal College of Physicians Training Board*) '*Supervised Learning Event (SLE) Acute care assessment tool (ACAT) for Higher Specialist Training*'. The first page of these documents varied by handwritten dates on the front page and the location of a printed stamp 'ABERGELE HOSPITAL ORTHOPAEDIC UNIT' which Dr Shoukri admitted he had applied to the documents. On one form the date appeared as '7/10/15' while the other form included a handwritten date which appeared to state the date as '4/11/16'.

38. The Tribunal noted the same identical printed typographical errors on the first page of each document which included '*God* [sic] *patient approach*', the same lower case 's' for the doctor's surname '*Dr Michael shoukri* [sic]' and identical notes made in the 'clinical assessment box' and 'investigation and management plan box' which included identical indentation and word spacing.

39. In the circumstances, given the identical printing on the first page of the WPBAs, the Tribunal concluded that it was more likely than not that a duplicated form was included, although the accompanying page for each document differed.

Paragraph 14 (d)

40. The Tribunal considered the allegation that the WPBAs were falsified in that the assessment attributed to a Mr B was not undertaken by him.

41. The Tribunal was cognisant of the very clear oral and written evidence from Mr B that he was not involved in producing the WPBAs which contained what Dr Shoukri averred was Mr B's misspelt name. Dr Shoukri submitted that Mr B had simply forgotten that he had completed the WPBAs given the passage of time.

42. Mr B, in oral evidence stated that he did not recognise, or have any memory of Dr Shoukri. Further, he stated that he did not have any memory of 'Dr Michael' as Dr Shoukri

claimed to have also been known as. Mr B stated that he usually conducted workplace assessments for trainee anaesthetists and that it was his usual practice to sign any WPBAs at the bottom of the form and to tick the boxes on page two. The WPBAs submitted to the GMC were neither signed at the bottom of the form by Mr B nor were the boxes on page two ticked. The Tribunal further noted that Mr B's name was not spelt correctly and that he stated that the contents of the WPBAs were entirely at odds with the way he would normally complete such a form and the detail that he would include.

43. The Tribunal accepted Mr B's evidence that he was certain that he had not completed the WPBAs presented as evidence and that he was very sure of this even given the passage of time. It concluded that Mr B had not carried out the WPBAs.

44. Considering all the evidence, the Tribunal found paragraphs 14 (a) (b) (c) and (d) of the Allegation proved, in that the only reasonable explanation for the errors, duplication and contents of these WPBAs was that they were falsified.

Paragraph 15

45. The Tribunal considered the allegation that Dr Shoukri knew that the WPBAs had been falsified. The Tribunal noted that Dr Shoukri had admitted that he had stamped the documents with the 'ABERGELE HOSPITAL ORTHOPAEDIC UNIT' stamp.

46. The Tribunal noted that Mr B went back to Pretoria, South Africa, in 2014, therefore he could not have assessed Dr Shoukri in either 2015 or 2016 as the dates on the WPBAs state. Dr Shoukri had averred in his witness statement that his handwriting was poor and that the correct dates were 2013 (not 2015) and 2010 (not 2016) and were thus completed before Mr B went to Pretoria. In oral evidence, Dr Shoukri's attention was drawn to the printed date of August 2014 set out on the form. He agreed this was a version control date and was presumably the date when the form came into existence. Dr Shoukri was unable to explain how a form which he said he had dated 2013 could have come into existence prior to August 2014.

47. Dr Shoukri later made an oral statement to the Tribunal suggesting that the WPBAs had somehow been mixed up by the GMC's Specialist Application Team while scanning the WPBAs. The Tribunal considered the original documents submitted to the GMC, and in particular on examination of the handwriting and wet ink stamp mark, it was clear that the WPBAs presented as evidence to the Tribunal were indeed the original submitted documents

and not scanned copies as suggested by Dr Shoukri. The Tribunal accepted that both pages of each document were the original pages submitted by Dr Shoukri and it was therefore impossible for the documents to have been created in either 2010 and 2013 as that version of the document did not exist at that time, or in 2016 and 2015 as Mr B was not in the country on those dates.

48. In the circumstances, the Tribunal considered that it was more likely than not that Dr Shoukri had falsified the documents and therefore he knew that the WPBAs had been falsified.

49. Accordingly, the Tribunal found paragraph 15 of the Allegation to be proved.

50. Having considered the cross-admissibility direction, the Tribunal concluded that these facts could be considered relevant to other allegations in so far as they may help the Tribunal to determine the authenticity of any document in issue and the doctor's state of knowledge or belief.

Paragraph 16

51. The Tribunal considered whether Dr Shoukri's conduct in submitting falsified WPBAs, which he knew to be falsified, where the assessor was purportedly Mr A, was dishonest.

52. The Tribunal considered that Dr Shoukri fabricated the WPBAs submitted on 14 October 2018 as part of the Application and that he knew that the said documents were false.

53. The Tribunal noted that Dr Shoukri's oral evidence differed from his witness statement and culminated in Dr Shoukri claiming that the WPBAs submitted as evidence by the GMC may not have been the original documents. It considered that Dr Shoukri had tailored and changed his story while giving evidence.

54. The Tribunal considered the testimonials provided by Dr Shoukri. All four witnesses spoke of his hard-working nature and the respect with which he was held. Dr F mentioned that he is '*generally regarded... as honest*'. However, the Tribunal had to balance this against the facts it had found and could only place limited weight on this evidence at this stage.

55. The Tribunal was of the view that an ordinary decent member of the public informed of all of the facts of the case would consider Dr Shoukri's actions in submitting falsified WPBAs, which he knew to be falsified, where the assessor was purportedly Mr A, to have been dishonest.

56. Accordingly, the Tribunal found paragraph 16 of the Allegation to be proved.

Paragraph 8 (a)

57. The Tribunal considered the allegation that Dr Shoukri submitted the Programme Specification which was not the training programme on Cairo University's official website.

58. The Tribunal examined that Programme Specification and compared it with the training programme on Cairo University's website and noted that they evidently were not the same.

59. Accordingly, the Tribunal found paragraph 8 (a) of the Allegation proved.

Paragraph 8 (b)

60. The Tribunal considered the allegation that Dr Shoukri submitted the Programme Specification which did not bear the correct logo.

61. The Tribunal noted that the Programme Specification document presented by Dr Shoukri referred to a course dated 1996 while the document presented by the GMC as evidence of the correct Cairo University logo was dated July 2015.

62. The Tribunal noted that the logo on the Programme Specification document was a different logo to the logo from Cairo University's web page. It appeared to be the logo of Aim Shams University. However, it further noted that the documents were not contemporaneous and that the document presented as evidence of Cairo University's logo post-dated the Programme Specification document by 19 years.

63. The Tribunal noted that there was a stamp on the document, which said, 'CAIRO HOSPIT'. This was similar typeface and an identical abbreviation of the word 'hospital' to that found on other documents. Dr Shoukri had denied putting this stamp on the document. The Tribunal considered if this stamp could be regarded as a logo and concluded it could not.

64. The Tribunal was mindful that the GMC invited it to consider that Cairo University's current logo was also the logo used at the time of the creation of the Programme Specification document. However, given that the Tribunal had been provided with no evidence of Cairo University's logo in 1996, and there was no evidence before the Tribunal as to whether Aim Shams University had some connection with Cairo University which might account for the discrepancy in the logo, the Tribunal concluded that the GMC had not discharged its evidential burden of proof.

65. Accordingly, the Tribunal found paragraph 8 (b) of the Allegation not proved.

Paragraphs 9 and 10

66. Given that the GMC had not discharged its evidential burden of proof by failing to provide contemporaneous evidence of Cairo University's logo at the time of the Programme Specification documentation, the Tribunal considered that the GMC had not provided sufficient evidence to prove that Dr Shoukri knew that the Programme Specification had been falsified and that he knew it had been falsified.

67. Accordingly, the Tribunal found paragraphs 9 and 10 of the Allegation to be not proved.

Paragraph 17 (a)

68. The Tribunal considered whether the Referral Letters appeared to contain similar information to each other.

69. The Tribunal noted that the printed Referral Letters of the 4 March 2017, 7 April 2015, 5 June 2011 and 8 July 2012, appeared to be identical to each other. The only variations being the handwritten dates written on the printed letters and the redactions, with what may have been a crayon.

70. The Tribunal examined the Referral Letters and noted that the printed text on the letters was identical, including the misspellings, as was the misalignment with the text on the proforma. The only difference between the letters consisted of added handwritten dates and some redactions made by hand with what may have been a crayon.

71. In the circumstances, the Tribunal concluded that that the Referral Letters appeared to contain similar information to each other.

72. Accordingly, the Tribunal found paragraph 17 (a) of the Allegation to be proved.

Paragraph 17 (b)

73. The Tribunal examined the Referral Letters and noted that the letters did not include the names of any addressee. The Tribunal, therefore, found paragraph 17(b) of the Allegation to be proved.

Paragraph 17 (c)

74. The Tribunal determined that the Referral Letters were falsified and, consequently, could not be linked to any particular patient. The Tribunal concluded that the Referral Letters were impossible to verify as the originals could not exist and therefore could not be verified.

75. Accordingly, the Tribunal found paragraph 17(c) to be found proved.

Paragraph 18

76. The Tribunal considered whether Dr Shoukri knew the Referral Letters had been falsified to give the impression that he had more experience in the specialty of Geriatric medicine than he did. Dr Shoukri admitted that he had submitted the letters but offered no explanation as to why the letters appeared identical other than many of the patients at the Abergele hospital were older with very similar health conditions.

77. The Tribunal considered that the letters were falsified by Dr Shoukri as it was not credible that these letters referred to four patients with identical histories. It concluded that the most likely explanation for his submission of falsified Referral Letters was that Dr Shoukri, although he did have experience in Geriatric medicine, had submitted the Referral Letters in order to 'pad out' his experience for the purposes of the Application.

78. Accordingly, the Tribunal found paragraph 18 of the Allegation proved.

Paragraph 19

79. The Tribunal considered whether Dr Shoukri's conduct in submitting falsified referral letters which appeared to contain similar information to each other; which did not include the name of any addressee and which could not be verified in support of the Application was dishonest.

80. The Tribunal determined that the ordinary decent member of the public informed of all of the facts of the case would consider Dr Shoukri's actions in submitting falsified referral letters, which he knew to be falsified, in support of the Application to have been dishonest.

81. Accordingly, the Tribunal found paragraph 19 of the Allegation to be proved.

Wrexham Letter

Paragraph 2

82. The Tribunal considered whether Dr Shoukri submitted the Wrexham Letter having redacted the word 'Locum' from the job title.

83. The Tribunal examined the original document (the Wrexham Letter). It noted that this was a letter which had been annotated with the number '11364' and 'Hyfforddia Arbenigol' (both of which appear on the Wrexham pass submitted by Dr Shoukri) and had then been photocopied. It noted that the photocopy itself had been annotated in that the word 'locum' had been crossed out in blue biro ink.

84. The Tribunal was also mindful of the falsified WPBAs and Referral Letters which it took into account when considering whether Dr Shoukri was more likely than not to redact, alter and/or falsify documentation.

85. The Tribunal noted that, in oral evidence, Dr Shoukri admitted that he did not believe that a locum position would be eligible for a CESR application. It noted, however, that Mr Atherton, on behalf of the GMC, submitted that a Locum Appointment for Training would have qualified Dr Shoukri in regard to the Application. It was Dr Shoukri's evidence that although he had initially been employed as a Locum Appointment for Service, which would not have qualified for the CESR, within a few days of appointment, he had been offered a new job as a Specialty Registrar and this was a 'run-through' contract which would have

lasted for 6 to 7 years. However, he had lost the letter confirming the new appointment and submitted the Wrexham Letter as he believed that the GMC would make enquiries of the Hospital and established that the contract had been changed. He had also submitted a payslip dated 4 December 2008 which said ‘Specialty Registrar’ and an undated swipe card which said ‘Speciality Registrar’. Professor E in his written evidence said he believed that Dr Shoukri had been a Senior House Officer in a permanent post but later revised his evidence and said he would rely on what the payslip said as this would be the most accurate indicator of the post held.

86. The Tribunal considered that Dr Shoukri had believed that the word ‘Locum’ would not have qualified him for the Application based on his oral evidence.

87. The Tribunal was also mindful of Dr Shoukri’s oral evidence, particularly in regard to the answers he gave to questions put to him by Mr Atherton, on behalf of the GMC. It noted that when asked who else could have crossed out the word ‘locum’ from the Wrexham letter Dr Shoukri stated that other people may have had access to the letter and when pressed on the question as to how other people could have had access to the letter unless he gave it to them Dr Shoukri replied “*no further comment*”.

88. The Tribunal also noted that Dr Shoukri had stated in oral evidence that he believed that a position as a locum did not fit the criteria of the Application but that the reason he submitted the Wrexham Letter was to show that he was working at Wrexham.

89. The Tribunal considered Dr Shoukri’s explanation for the redaction of the word ‘locum’ from the Wrexham Letter to be unsatisfactory. It noted that the wet stamp mark, ‘WREXHAM HOSPIT’ on the second page of the Wrexham Letter bore a similarity to stamp marks used on other documents submitted by Dr Shoukri for which he could offer no explanation.

90. Further, the Tribunal findings that Dr Shoukri had falsified other documents added weight to the assertion that he had redacted the word locum from the Wrexham Letter submitted as part of the Application.

91. The Tribunal concluded that it was more likely than not that Dr Shoukri redacted the word ‘Locum’ from the Wrexham letter.

92. Accordingly, the Tribunal found paragraph 2 of the Allegation proved.

Paragraph 3 (a) (i) & (ii)

93. The Tribunal considered whether Dr Shoukri knew that his role at WMH was a locum position.

94. The Tribunal noted that, in his witness statement, dated 28 January 2022, Dr Shoukri stated that on 1 February 2008, he became a Locum Appointment for Service (LAS) Specialty Registrar (SpR) at WMH, which was for six months and which he believed was a Training Post. In his witness statement he went on to state that *‘within a short period of time I became a Specialty Registrar in Geriatrics at WMH under the supervision of Dr H, a Consultant Physician. It was again a Training Job’*. Dr Shoukri also presented a swipe card and payslip detailed above. Dr Shoukri further presented email correspondence from Professor E in support of his assertion that he had held a substantive post:

“We discussed a concern about whether Dr Shoukri was employed as a Locum or in a substantive post in Wrexham in 2007, my recollection is that he was in a substantive post following a Clinical attachment”.

95. The Tribunal also noted a document which was purportedly signed by Dr H, ‘Consultant Care of Elderly’, in his role as ‘Supervised Consultant’ which stated that that Dr Shoukri commenced employment as a Specialist Registrar on 1 February 2008, although it also noted that the Wrexham Letter gave a start date of 4 February 2008.

96. The Tribunal noted that although it had received evidence that Dr Shoukri’s role at the Wrexham Hospital was a locum position it had also received evidence which appeared to support his belief that his role at Wrexham Hospital was a substantive one.

97. In the circumstances, the Tribunal concluded that the GMC had not proved on the balance of probabilities that Dr Shoukri was a locum throughout his employment at Wrexham Hospital and the evidence was unclear as to whether he had become a Specialist Registrar at Wrexham Hospital.

98. The Tribunal determined that the GMC had not discharged the burden of proof, therefore, it found that paragraph 3(a) (i) of the Allegation was not proved.

99. The Tribunal also determined that as the GMC had not proved that Dr Shoukri knew that his role at Wrexham Hospital was a locum position, the allegation that he knew that his

role at Wrexham Hospital was not acceptable evidence of eligibility for CESR was also not proved as the allegation was dependant on Dr Shoukri knowing that his role at the Hospital was a locum position. Therefore, the Tribunal found paragraph 3(a) (ii) of the Allegation not proved.

Paragraph 3(b)

100. The Tribunal considered the allegation the Dr Shoukri knew that the Wrexham Letter had been falsified.

101. The Tribunal examined the original Wrexham Letter submitted by Dr Shoukri which was a photocopy. It noted that the word 'locum' had been redacted with what appeared to be original blue biro on the photocopied letter. The Tribunal determined that this redaction had been carried out by Dr Shoukri in order to prove that he was eligible for the CESR.

102. Accordingly, the Tribunal determined that paragraph 3(b) of the Allegation was proved.

Paragraph 4

103. The Tribunal considered whether Dr Shoukri's submission of a falsified letter dated 30 January 2008 confirming an offer of employment at Wrexham Maelor Hospital having redacted the word 'Locum' from the job title was dishonest.

104. The Tribunal concluded that an ordinary and decent member of the public informed of all of the facts of the case would consider Dr Shoukri's actions in submitting a falsified letter which he knew to be falsified, in support of the Application to have been dishonest.

105. Accordingly, the Tribunal found paragraph 4 of the Allegation to be proved by reason of its finding at paragraph 3 (b).

Paragraph 5

106. The Tribunal considered whether Dr Shoukri submitted Certificates which were awarded by organisations which did not exist; which bore stamps which were copied and pasted and which bore stamps which did not have an affiliation with any organisation.

107. The Tribunal was cognisant of Dr Shoukri's evidence in which he stated that the Ministry of Health and Population had previously been called the Ministry of Health and he asserted that different regions within Egypt did not update the certification simultaneously. The GMC did not provide any evidence for the period for which the Ministry had been known as the Ministry of Health and Population nor had it demonstrated if the Ministry of Health (if it had existed) had used the same or differing logos for the period for which it had existed. The Tribunal noted that although differing versions of the logo relating to the Ministry of Health were visible on different certificates which spanned a period of in excess of ten years, it could not draw any satisfactorily clear inference from this on the available evidence.

108. Mr Atherton, on behalf of the GMC had stated that if the Tribunal was to find that any of the certificates examined in evidence to be falsified then the relevant allegation was to be found proved. Mr Fortune, on behalf of Dr Shoukri, did not challenge this assertion.

Medical Arabic Board Certificate, dated 5 December 2018

109. The Tribunal considered the Medical Arabic Board Certificate, dated 5 December 2018, which was allegedly awarded by the Ministry of Health.

110. The Tribunal examined the original document which was submitted by Dr Shoukri as part of the Application. For the reasons set out above, it was unable to draw any inferences from the logo for the Ministry of Health.

111. The Tribunal noted Ms C's witness statement, dated 19 June 2019, in which she stated that the GMC had been unable to find any reference on the internet or on the GMC's organisation list, or on its list on the Siebel database to the 'Medical Arabic Board' or 'Medical Arabic Board Certificate'. She queried this with a colleague in the International Applications Team. The Tribunal also noted that a stamp on the document appeared to have no affiliation to an organisation and reflected the 'Egyptian eagle' instead. Ms C had also given evidence that the Ministry of Health was in fact the Ministry of Health and Population.

112. The Tribunal also noted that Dataflow had verified the authenticity of a document headed, 'Egyptian Medical Council' with an Ain Shams University logo. It also contained a similar stamp showing the 'Egyptian eagle'. This document referred to Dr Shoukri as having covered GIM and Geriatric medicine and that he had obtained an Arabic Board Certificate.

113. Given the similarity in the title, 'Arabic Board Certificate' verified by Dataflow and 'Medical Arabic Board Certificate' the Tribunal could not determine whether the Medical Arabic Board Certificate dated 5 December 2018 was authentic or not, given the absence of persuasive evidence to the contrary.

114. Accordingly the Tribunal could not find that the Medical Arabic Board Certificate, dated 5 December 2018, was awarded by an organisation which did not exist; or bore stamps which were copied and pasted or bore stamps which did not have an affiliation with any organisation.

Certificate of Experience, dated 3 October 2007

115. The Tribunal considered the Certificate of Experience, dated 3 October 2007, which was allegedly awarded by the Ministry of Health of Egypt.

116. The Tribunal noted that the certificate that it examined, and which Dr Shoukri submitted as part of the Application was a colour copy of an original certificate.

117. The Tribunal noted the GMC's Cross Directorate Referral which stated that, from reviewing the GMC's list of overseas organisations, the 'Ministry of Health of Egypt' did not exist and that the only such organisation listed was stated to be the 'Ministry of Health and Population'.

118. The Tribunal further noted the comments made by Ms C in oral evidence in which she stated that the certificate looked 'grainy' and that it would have been unusual for a government ministry to be using a 'yahoo' email address, even in 2007. She also opined that the circular stamp with an Egyptian eagle looked as if it had been copied and pasted as the sides appeared to have been chopped off.

119. The Tribunal considered that the stamps on the certificate looked unusual. However, The Tribunal could not come to a conclusion as to whether the Certificate of Experience, dated 3 October 2007, was authentic or not and noted that the GMC had not provided evidence from any Egyptian health authorities which may have helped the Tribunal with their findings as to this matter.

120. In the circumstances, the Tribunal could not determine whether the Certificate of Experience, dated 3 October 2007, was authentic or not given the absence of conclusive evidence.

121. Accordingly the Tribunal could not find that the Certificate of Experience, dated 3 October 2007, was awarded by an organisation which did not exist; or bore stamps which were copied and pasted or bore stamps which did not have an affiliation with any organisation.

Certificate of Achievement, dated 5 April 2009 and the Certificate of Achievement dated 2 January 2007

122. The Tribunal considered both Certificates of Achievement, dated 5 April 2009, ('2009 certificate') and 2 January 2007 ('2007 certificate') which were allegedly awarded by the Ministry of Health of Egypt.

123. The Tribunal examined the original documents submitted by Dr Shoukri as part of the Application and noted that the 2009 certificate was on 'vellum-like' paper with original handwritten signatures and dates. It further noted the blurred printing and seal on the certificate. The Tribunal noted that the 2007 certificate was a colour photocopy which was not blurred. The signatures of the General Director and the Secretary appeared to have been added to the printed documents. They were different on each certificate.

124. The Tribunal noted that the printed wording on both documents stated that the doctor, 'Has completed 2 days conference in Family Medicine under care of Ministry of Health of Egypt 2009'. The Tribunal further noted that Dr Shoukri had worked in the United Kingdom since 2007. Doctor Shoukri's explanation was that he had attended the conferences whilst visiting Egypt, the first in 2001 or 2002, and that the Ministry of Health had made a mistake in the printed dates on the certificates and that the handwritten dates were correct.

125. The Tribunal concluded that it was unlikely that the Ministry of Health of Egypt would have awarded a certificate in 2007 stating that a conference took place in 2009 and then handed out an identical certificate in the correct year, 2009. The Tribunal concluded that it was more likely than not that Dr Shoukri had falsified the Certificates of Achievement submitted as part of the Application.

126. The Tribunal considered that the discrepancy regarding the certificate having been awarded in 2009, whilst Dr Shoukri had been working in the UK since 2007, coupled with the blurred nature of the certificate and indistinct seal, added weight to the allegation that the certificates were not authentic and had been falsified.

127. The Tribunal further noted that the 2007 Certificate was dated 2009, and the date that both General Director and Secretary signed the document was 2 January 2007. When asked about this discrepancy in the date of the certificate while giving oral evidence, Dr Shoukri was unable to give any explanation for this discrepancy other than claim that the printed date on the certificate was incorrect. The Tribunal also considered that it was unlikely that both the General Director and the Secretary had mistaken the date and year whilst signing the document.

128. In the circumstances, the Tribunal concluded that it was more likely than not that Dr Shoukri had falsified both the Certificates of Achievement submitted as part of the Application.

Certificate of Appreciation, dated 4 January 2007

129. The Tribunal considered the Certificate of Appreciation, dated 4 January 2007, which was allegedly awarded by the Ministry of Health of Egypt.

130. The Tribunal examined the original document which was submitted by Dr Shoukri as part of the Application and noted that the document was on ‘vellum-like’ paper on which there were original handwritten signatures. It further noted the blurred writing and seal on the certificate.

131. The Tribunal noted that the printed writing and seal on the certificate looked blurry and this was unusual. However, The Tribunal could not come to a conclusion as to whether the Certificate of Appreciation, dated 4 January 2007, was authentic or not and noted that the GMC had not provided evidence from any Egyptian health authorities which may have helped the Tribunal with their findings as to this matter.

132. The Tribunal did note however that Dr Shoukri, whilst giving oral evidence, admitted that he had ink-stamped the document with the ‘ABERGELE HOSPITAL ORTHOPAEDIC UNIT’ stamp.

133. In the circumstances, the Tribunal could not determine whether the Certificate of Appreciation, dated 4 January 2007, was authentic or not given the absence of conclusive evidence.

134. Accordingly the Tribunal could not find that the Certificate of Appreciation, dated 4 January 2007, was awarded by an organisation which did not exist; or bore stamps which were copied and pasted or bore stamps which did not have an affiliation with any organisation.

The Award for outstanding Teaching Certificate, dated 7 January 2011

135. The Tribunal considered the Award for Outstanding Teaching Certificate, dated 7 January 2011, which was allegedly awarded by the Ministry of Health of Egypt.

136. The Tribunal examined the original certificate submitted by Dr Shoukri which had been printed on yellow card-like paper.

137. The Tribunal noted that the date of the award was 7 January 2011, four years after Dr Shoukri had left Egypt to work in the UK. It considered that it was unusual for a certificate of this type to be awarded to Dr Shoukri four years after he had left the country. Dr Shoukri could not offer an explanation for this.

138. The Tribunal noted Dr Shoukri's propensity to submit falsified documents that he had created. However, the GMC had not provided sufficient evidence to persuade the Tribunal that on balance of probabilities the certificate was awarded by an organisation which did not exist; bore stamps which were copied and pasted or bore stamps which did not have an affiliation with any organisation.

Contribution in Poliomyelities vaccine Programmes [sic] certificate, dated 25 February 2013

139. The Tribunal considered the 'Award for Contribution in Poliomyelities vaccine Programmes certificate', dated 25 February 2013, which was allegedly awarded by the Ministry of Health of Egypt.

140. The Tribunal examined the original certificate submitted by Dr Shoukri which had been printed on yellow card-like paper.

141. The Tribunal noted that the date of the award was 25 February 2013, six years after Dr Shoukri had left Egypt to work in the UK. It considered that it was unusual for a certificate of this type to be awarded to Dr Shoukri six years after he had left the country. Dr Shoukri could not offer an explanation for this.

142. The Tribunal noted Dr Shoukri's propensity to submit falsified documents that he had created. However, the GMC had not provided sufficient evidence to persuade the Tribunal that on balance of probabilities the certificate was awarded by an organisation which did not exist; bore stamps which were copied and pasted or bore stamps which did not have an affiliation with any organisation.

143. Accordingly, the Tribunal did not find that the 'Contribution in Poliomyelitis vaccine Programmes' certificate, dated 25 February 2013 was awarded by an organisation which did not exist; or bore stamps which were copied and pasted or bore stamps which did not have an affiliation with any organisation.

Paragraph 5 conclusions

144. The Tribunal determined that the 'Certificate of Achievement', dated 5 April 2009 and the 'Certificate of Achievement', dated 2 January 2007 were falsified, and falsified by Dr Shoukri, therefore it determined that Dr Shoukri knew that the documents had been falsified. The Tribunal noted that it need not find that all the certificates had been falsified for this paragraph to be proved. However, it could not conclude that these two certificates were awarded by an organisation which did not exist or bore stamps which were copied and pasted or bore stamps which did not have an affiliation with any organisation.

145. Accordingly, the Tribunal determined that paragraphs 5 (a) (i) and paragraph 5 (b) (i) and (ii) of the Allegation were not proved.

Paragraph 6

146. The Tribunal concluded that Dr Shoukri knew that that the Certificate of Achievement, dated 5 April 2009; and the Certificate of Achievement, dated 2 January 2007 were falsified because he had falsified those documents. As noted above, the Tribunal need not find that all the certificates had been falsified for this paragraph to be proved.

147. Accordingly, the Tribunal found paragraph 6 of the Allegation proved.

Paragraph 7

148. The Tribunal determined that, as Dr Shoukri was more likely than not to have created these altered documents, he knew that the documents were falsified.

149. The Tribunal concluded that an ordinary and decent member of the public informed of all of the facts of the case would consider Dr Shoukri's actions in submitting a falsified letter, which he knew to be falsified, in support of the Application to have been dishonest.

150. Accordingly, the Tribunal found paragraph 7 of the Allegation to be proved.

Conwy Letter

Paragraph 11

151. The Tribunal examined the Conwy Letter and noted that the word 'ORTHOPAEDICS' on the original letter had been covered over with a black smudge. It was however possible to see the word 'ORTHOPAEDICS' on the original document notwithstanding the black smudge. A stamp with the words 'GERIATRIC DEPA' (which may also be read as 'GERIATRIG DEPA') had been printed over the smudge. The same stamp appeared to the side of the smudge and under Dr Shoukri's signature confirming acceptance of the offer

152. It noted that Dr Shoukri had offered no convincing explanation as to why the word 'ORTHOPAEDICS' had been covered over in this way, although he did state in oral evidence that if water had been spilt on the document it may have smudged the ink. The Tribunal did not accept that explanation and noted that no other word of the Conwy Letter had been smudged.

153. It also noted that the abbreviation to the word 'DEPA' was an unusual abbreviation of the word department as it is more common to abbreviate to the word 'DEPT'. It noted that this appeared to be the same stamp type that had been added to other documents, bearing the words, 'WREXHAM HOSPIT' and 'CAIRO HOSPIT'. The Tribunal noted that Professor E had confirmed that Wrexham still used wet ink stamps at the time, although he did not recognise the stamp which bore the words, 'WREXHAM HOSPIT'. The Tribunal determined that Dr Shoukri had redacted the word 'ORTHOPAEDICS' and amended the letter to state 'GERIATRIC DEPA'. The Tribunal determined that Dr Shoukri had created and used the

GERIATRIC DEPA stamp on this letter, based on its similarity to the similar stamps on other documents.

154. Accordingly, the Tribunal found paragraph 11 of the Allegation proved.

Paragraph 12 (a)

155. The Tribunal considered whether Dr Shoukri knew that the speciality of his post at Conwy and Denbighshire NHS Trust ('the Post') was in orthopaedics.

156. The Tribunal noted that Dr Shoukri was in possession of the Conwy letter, dated 4 April 2007, which clearly stated the speciality of the post he had been appointed to. Therefore, the Tribunal concluded that Dr Shoukri knew that the speciality of his post was in orthopaedics.

157. Accordingly, the Tribunal found paragraph 12 (a) of the Allegation proved.

Paragraph 12 (b)

158. The Tribunal considered that Dr Shoukri knew that the post was not acceptable evidence of eligibility for CESR as he had stated that this whilst giving oral evidence.

159. Accordingly, the Tribunal found paragraph 12 (b) of the Allegation proved.

Paragraph 12 (c)

160. The Tribunal considered that the redaction of the word 'ORTHOPAEDICS' and the stamping of 'GERIATRIC DEPA' over the top of the redaction was strong evidence that Dr Shoukri had falsified the Conwy Letter. Dr Shoukri had confirmed in his oral evidence that the letter had been in his possession since 2007 and he could not explain the redaction.

161. The Tribunal also noted that Dr Shoukri had failed to provide a convincing explanation for how one single word 'ORTHOPAEDICS' had been 'smudged out' and replaced with 'GERIATRIC DEPA'.

162. It further noted that the word that was redacted would have resulted in the Application being considered to be ineligible. In the circumstances the Tribunal concluded

that the word 'ORTHOPAEDICS' had been redacted in order for the Application to be considered eligible for the CESR.

163. Accordingly, the Tribunal determined that Dr Shoukri had falsified the Conwy Letter and found paragraph 12 (c) of the Allegation to be proved.

Paragraph 13

164. The Tribunal considered whether Dr Shoukri's submitting a falsified Conwy letter dated 4 April 2007 was dishonest.

165. The Tribunal concluded that an ordinary decent member of the public informed of all of the facts of the case would consider Dr Shoukri's actions in submitting a falsified letter, which he knew to be falsified, in support of the Application to have been dishonest.

166. Accordingly, the Tribunal found paragraph 13 of the Allegation to be proved.

Paragraph 20

167. The Tribunal considered whether Dr Shoukri's conduct as set out at paragraphs 1 – 19 of the Allegation was carried out in order to support the Application when he knew that he did not meet the criteria.

168. The Tribunal concluded that, on the balance of probabilities, it was more likely than not that Dr Shoukri's actions in submitting falsified documentation as part of the Application was because he knew that he did not meet the criteria. It did not consider any other explanation for the numerous acts of falsification and dishonesty to be likely or convincing.

169. Accordingly, the Tribunal found paragraph 20 of the Allegation proved in respect of the sub-paragraphs (above) found proved.

The Tribunal's Overall Determination on the Facts

170. The Tribunal has determined the facts as follows:

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

1. On 14 October 2018, you applied for specialist registration in Geriatric Medicine ('the Application') in support of which you submitted:
 - a. a letter dated 30 January 2008 confirming an offer of employment at Wrexham Maelor Hospital ('the Wrexham Letter'); **Admitted and Found Proved**
 - b. certificates as set out in Schedule 1 ('the Certificates'); **Admitted and Found Proved**
 - c. a programme specification for Internal Medicine from Cairo University ('the Programme Specification'); **Admitted and Found Proved**
 - d. a letter dated 4 April 2007 from Conwy and Denbighshire NHS Trust in relation to a Senior House Officer post ('the Conwy Letter') on which the specialty was amended from 'ORTHOPAEDICS' to 'GERIATRIC DEPA' (sic); **Admitted and Found Proved**
 - e. workplace based assessments ('WPBAs') where the assessor was purportedly Mr A; **Admitted and Found Proved**
 - f. anonymised referral letters as set out in Schedule 2 ('the Referral Letters'). **Admitted and Found Proved**
2. You submitted the Wrexham Letter having redacted the word 'Locum' from the job title. **Determined and Found Proved**
3. You knew that:
 - a. your role at Wrexham Maelor Hospital was:
 - i. a locum position; **Not Proved**
 - ii. not acceptable evidence of eligibility for CESR; **Not Proved**

b. the Wrexham Letter had been falsified.

Determined and Found Proved

4. Your conduct as set out at paragraphs 1. a. and 2 was dishonest by reason of paragraph 3. **Determined and Found Proved**

5. You submitted the Certificates which:

a. were:

i. awarded by organisations which did not exist;

Not Proved

ii. ~~signed by you~~; Amended under Rule 17(6)

b. bore stamps which:

i. were copied and pasted;

Not Proved

ii. did not have an affiliation with any organisation.

Not Proved

6. You knew the Certificates had been falsified.

Determined and Found Proved

7. Your conduct as set out at paragraphs 1. b. and 5 was dishonest by reason of paragraph 6. **Determined and Found Proved**

8. You submitted the Programme Specification which:

a. was not the training programme on Cairo University's official website;

Determined and Found Proved

b. did not bear the correct logo. **Not Proved**

9. You knew the Programme Specification had been falsified.
Not Proved
10. Your conduct as set out at paragraphs 1. c. and 8 was dishonest by reason of paragraph 9. **Not Proved**
11. You submitted the Conwy Letter having amended the specialty from 'ORTHOPAEDICS' to 'GERIATRIC DEPA'. **Determined and Found Proved**
12. You knew the:
 - a. specialty of your post at Conwy and Denbighshire NHS Trust ('the Post') was in orthopaedics;
Determined and Found Proved
 - b. Post was not acceptable evidence of eligibility for CESR;
Determined and Found Proved
 - c. Conwy Letter had been falsified.
Determined and Found Proved
13. Your conduct as set out at paragraphs 1. d. and 11 was dishonest by reason of paragraph 12. **Determined and Found Proved**
14. The WPBAs were falsified in that:
 - a. Mr A was not a registered Medical Practitioner;
Determined and Found Proved
 - b. the UID alleged to be Mr A's was of another registered Medical practitioner; **Determined and Found Proved**
 - c. a duplicated form was included;
Determined and Found Proved

- d. the assessment you have attributed to a Mr B was not undertaken by him. **Determined and Found Proved**
15. You knew the WPBAs had been falsified.
Determined and Found Proved
16. Your conduct as set out at paragraphs 1.e. and 14 was dishonest by reason of paragraph 15. **Determined and Found Proved**
17. The Referral Letters submitted:
- a. appeared to contain similar information to each other;
Determined and Found Proved
- b. did not include the name of any addressee;
Determined and Found Proved
- c. could not be verified. **Determined and Found Proved**
18. You knew the Referral Letters had been falsified to give the impression that you had more experience in the specialty of Geriatric medicine than you did.
Determined and Found Proved
19. Your conduct as set out at paragraphs 1.f. and 17 was dishonest by reason of paragraph 18. **Determined and Found Proved**
20. Your conduct as set out at paragraphs 1-19 above was carried out in order to support the Application when you knew that you did not meet the criteria.
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 - 18/02/2022

1. 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 Shoukri's fitness to practise is impaired by reason of misconduct.

The Evidence

2. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, the Tribunal received further evidence which included:

- CPD undertaken by Dr Shoukri in 2017, 2018, 2021 and 2022; and
- Multi-Source Feedback, dated 27 September 2018; and 19 April 2021.

Submissions

Submissions on behalf of the GMC

3. On behalf of the GMC, Mr Atherton submitted that the facts found proved in this case were particularly serious in so far as they undermined the integrity of a system that is carefully designed for the training and certification for those who meet the criteria for employment as a consultant.

4. Mr Atherton referred to *Good Medical Practice (2013)* (GMP) and the *Sanctions Guidance* (SG) and referenced relevant case law.

5. Mr Atherton submitted that undermining the regulator's application system for specialist registration carries an implication for public safety and that the public should be able to rely on the integrity of the application system.

6. Mr Atherton stated that on the application of the principles of the overarching objective Dr Shoukri's fitness to practise was impaired by reason of misconduct.

Submissions on behalf of Dr Shoukri

7. On behalf of Dr Shoukri, Mr Fortune submitted that, while it was not for him to concede misconduct, he recognised that given the findings of the Tribunal, such a finding was inevitable.

8. Mr Fortune accepted that the proven facts were serious and noted that if the Application had been successful Dr Shoukri could well have been on his way to gaining a substantive post as a consultant.

9. Mr Fortune further accepted that, although Dr Shoukri had highly commendable skills, it was likely that the doctor's fitness to practise was impaired by reason of his misconduct.

The Relevant Legal Principles

10. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision as to impairment is a matter for the Tribunal's judgement alone.

11. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted in relation to a finding of impairment based on misconduct: first, whether the facts as found proved amounted to misconduct, which in this context connoted a serious departure from generally accepted professional standards, and then whether the finding of that misconduct should lead to a finding of current impairment of fitness to practise.

12. The Tribunal must determine whether Dr Shoukri's fitness to practise is impaired today, taking into account Dr Shoukri'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 whether there is any likelihood of repetition. The Tribunal was also obliged to consider whether a finding of impairment was required on public interest grounds.

13. With regard to impairment, the Tribunal had regard to the case of *CHRE v NMC and Grant* [2011] EWHC 927 where Dame Janet Smith's observations in the Fifth Report of the Shipman Inquiry were endorsed. Dame Janet Smith suggested that questions of impairment could be considered in the light of the following considerations:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:

- a. *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d. *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

14. The Tribunal also had regard to the case of *Meadow v General Medical Council* [2006] EWCA Civ 1390 in which Auld LJ quoted Collins J approvingly in the case of *Nandi v General Medical Council* [2004] EWHC 2317 (Admin) where he said that serious misconduct would be *'conduct which would be regarded as deplorable by fellow practitioners'*.

The Tribunal's Determination on Impairment

Misconduct

15. In reaching its determination on whether Dr Shoukri's actions amounted to misconduct, the Tribunal first reminded itself of the findings of fact that it had made.

16. When considering Dr Shoukri's falsification of documentation, the Tribunal had regard to the duties of a doctor registered with the General Medical Council as stated in the preamble to GMP, particularly the requirement under the domain of *'Maintaining Trust'* that a doctor should:

- *'Be honest and open and act with integrity.'*

17. When considering whether Dr Shoukri's actions amounted to misconduct, the Tribunal also had regard to the following further paragraphs of GMP:

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

‘66 You must always be honest about your experience, qualifications and current role.’

18. The Tribunal considered that the seriousness of Dr Shoukri’s dishonest falsification of certificates, letters and WPBAs in order to support the Application when he knew that he did not meet the criteria fell so far short of the standards of conduct reasonable expected of a doctor as to clearly amount to misconduct.

19. The Tribunal further noted that Dr Shoukri’s misconduct was serious and risked undermining the regulatory system.

Impairment

20. The Tribunal, having found that the facts found proved in relation to Dr Shoukri’s dishonest falsification of documentation, letters and WPBAs amounted to serious misconduct, went on to consider whether, as a result of that serious misconduct, Dr Shoukri’s fitness to practise was currently impaired.

21. The Tribunal considered that Dr Shoukri’s misconduct had undermined the GMC’s system of appointing doctors to the specialist register. It noted that doctors need to be on this register to be appointed as a consultant and as such undermined public trust in the profession.

22. It further considered that Dr Shoukri’s misconduct breached a fundamental tenet of the profession, put public safety at risk and would be regarded as deplorable by fellow practitioners,

23. The Tribunal further determined that all four questions raised by Dame Janet Smith’s observations in the Fifth Report of the Shipman Inquiry and endorsed in the *Grant* case, as stated above, were engaged in this case.

24. In addition, the Tribunal concluded that public confidence in the medical profession would be undermined and that there would be a failure to uphold professional standards if a finding of impairment was not made.

25. It noted that Dr Shoukri's behaviour fell significantly below the standard to be expected from a medical practitioner.

26. The Tribunal considered that a finding of impairment was necessary 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 the profession.

27. Accordingly, the Tribunal determined that Dr Shoukri's fitness to practise was impaired by reason of his misconduct.

Determination on Sanction - 22/06/2022

1. This determination will be handed down in private under the provisions of Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). A redacted version will be published at the close of the hearing.

2. Having determined that Dr Shoukri'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

3. The Tribunal had taken into account evidence received during the earlier stages of the hearing, where relevant, to reach a decision on sanction.

Submissions

Submissions on behalf of the GMC

4. On behalf of the GMC, Mr Atherton referred the Tribunal to the relevant paragraphs of the *Sanctions Guidance* (November 2020) (SG) and submitted that, given the nature and extent of the dishonesty involved in this case, the appropriate sanction was erasure.

5. Mr Atherton submitted that a significant factor in this case was Dr Shoukri's lack of insight into his misconduct and the fact that the case involved '*a very deliberate attempt to*

mislead those considering specialist registration applications'. He further asserted that throughout the case Dr Shoukri had demonstrated no recognition of the nature or extent of his dishonesty.

6. Mr Atherton submitted that Dr Shoukri's deliberate and dishonest alteration of documentation was persistent and maintained. He stated that the doctor's misconduct demonstrated a very serious departure from GMP and undermined public trust in the profession.

7. Mr Atherton concluded by submitting that given the seriousness of Dr Shoukri's misconduct, the sanction of erasure was necessary to satisfy the requirements of the overarching objective.

Submissions on behalf of Dr Shoukri

8. Mr Fortune submitted that Dr Shoukri had come before the Tribunal with an unblemished professional and personal character.

9. Mr Fortune referenced the GMP and SG and stated that Dr Shoukri's dishonesty should be seen as being limited solely to his application for a CESR position and not on a wider basis as pertaining to his clinical practice. He accepted that the aggravating factors outlined by the GMC were present, but he also emphasised that the Tribunal should consider the mitigating factors that find in Dr Shoukri's favour as well as the aggravating factors. He submitted that the SG was guidance and was not mandatory in terms of what sanction must be imposed.

10. Mr Fortune emphasised that the Tribunal should consider the national shortage of orthogeriatricians currently working in the NHS and noted that Dr Shoukri had worked on the frontline during the pandemic. He went on to draw the Tribunal's attention to the doctor's positive testimonials which, he said, spoke of the care and attention that Dr Shoukri has given to his patients.

11. Mr Fortune submitted that the Tribunal should consider a sanction of suspension and stated that such a sanction would act as a deterrent and make it clear to the public and profession that such behaviour was wholly unacceptable.

12. He stated that the Tribunal should ask itself what a right-thinking member of the public, in possession of all the facts, including the evidence as to Dr Shoukri's hitherto impeccable character, his clinical abilities and his efforts during the pandemic, might consider if a period of suspension was imposed on the doctor's registration.

13. XXX

14. Further, Mr Fortune stated that the public and NHS would be permanently deprived of Dr Shoukri's clinical abilities if an order of erasure was made. He concluded by submitting that a short period of suspension was appropriate and proportionate in all of the circumstances in this case.

The Tribunal's Determination on Sanction

15. The decision as to the appropriate sanction to impose, if any, was a matter for the Tribunal exercising its own judgement. There was no burden or standard of proof at this stage. It recognised that every case will necessarily turn on its own facts.

16. In reaching its decision, the Tribunal had given careful consideration to the SG. It had borne in mind that the purpose of a sanction is not to be punitive although it may have a punitive effect.

17. The Tribunal had borne in mind that in deciding what sanction, if any, to impose, it should consider the sanctions available, starting with the least restrictive.

18. Throughout its deliberations, the Tribunal had taken into account the overarching objective, and applied the principle of proportionality, balancing Dr Shoukri's interests with the public interest.

19. When considering the principle of proportionality, the Tribunal had regard to the judgment in the case of *Bolton v. Law Society* [1994] 1 WLR 512, in which Sir Thomas Bingham stated that '*the reputation of the profession is more important than the fortunes of any one individual member. Membership of a profession brings many benefits, but that is part of the price*'.

20. The Tribunal had taken into account its earlier determinations on the facts and on impairment, the SG and GMP, the submissions of Mr Atherton on behalf of the GMC, and the submissions of Mr Fortune on behalf of Dr Shoukri.

Mitigating and Aggravating Factors

Aggravating Factors

21. The Tribunal first considered the aggravating factors:

- Dr Shoukri's dishonesty was persistent and maintained and there was no evidence that the deception would not have continued had it not been discovered by the GMC;
- Dr Shoukri's dishonesty was an attempt to deceive his regulator and as such could have undermined the integrity of the regulatory system and potentially put patients at risk of harm; and
- Dr Shoukri had not demonstrated any insight into his actions and there was no recognition of the nature and extent of his misconduct.

Mitigating Factors

22. The Tribunal then considered the mitigating factors in relation to Dr Shoukri's misconduct:

- The Tribunal noted that Dr Shoukri had no previous fitness to practise issues;
- The Tribunal noted the positive testimonials it had received in support of Dr Shoukri and noted that these largely referred to his clinical and personal qualities but gave limited evidence in relation to the issue of his integrity;
- Dr Shoukri provided evidence of positive multi-source feedback but the Tribunal concluded that these were of limited mitigating value when considering his proven dishonesty;
- The Tribunal noted the CPD training that Dr Shoukri had undertaken but considered that this was also of limited mitigating value in relation to the doctor's proven dishonesty as all of the CPD undertaken was of a clinical nature and did not relate to probity issues or his misconduct;
- Dr Shoukri had co-authored a clinical textbook but this was of limited mitigating value in relation to his dishonesty; and

- XXX

No action

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

24. The Tribunal determined that to take no action would be inappropriate. The Tribunal did not consider that there were any exceptional circumstances that would justify such a course. It would not be sufficient, proportionate or in the public interest to conclude the case by taking no action.

Undertakings

25. The Tribunal noted that no undertakings had been agreed in this case.

Conditions

26. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Shoukri's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

27. The Tribunal determined that the imposition of conditions on Dr Shoukri's registration would be unworkable given the doctor's lack of insight and dishonesty.

28. The Tribunal further considered that the imposition of conditions on Dr Shoukri's registration would be inappropriate as it would not send a sufficiently robust message to the public or the profession as to the inappropriateness and seriousness of his misconduct. In the circumstances, the Tribunal determined that a period of conditional registration would not meet the public interest.

Suspension

29. The Tribunal then went on to consider whether imposing a period of suspension on Dr Shoukri's registration would be appropriate and proportionate.

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

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

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

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

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

a A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.'

32. The Tribunal noted Mr Fortune's submissions regarding the lack of orthogeriatricians currently working in the NHS and was cognisant of the fact that no clinical issues had been raised as to Dr Shoukri's practice.

33. However, it considered that while the public needs good doctors, it also needs honest doctors, and that probity and honesty were fundamental to the profession.

34. The Tribunal considered that Dr Shoukri had shown no insight into his persistent and maintained dishonesty and had not provided any evidence of remediation. It considered that his failure to recognise his own obvious and proven dishonesty gave rise to a real risk of repetition. It further noted that his misconduct was of particular concern in that it could have undermined the integrity of the regulatory system and had the potential to put patients at risk of harm.

35. The Tribunal determined that the seriousness of Dr Shoukri’s misconduct and his lack of insight were incompatible with continued registration due to the need to protect the public, to maintain public confidence and uphold proper professional standards. The Tribunal determined that suspension of Dr Shoukri’s registration would not be appropriate and would not be sufficient to send a message to the profession and the wider public about the gravity of the misconduct.

Erasure

36. The Tribunal considered the following paragraphs of the SG:

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

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

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.

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

...

h Dishonesty, especially where persistent and/or covered up.

...

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

'120 Good medical practice states that registered doctors must be honest and trustworthy, and must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession.'

'124 Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty.'

'125 Examples of dishonesty in professional practice could include:

...

e failing to take reasonable steps to make sure that statements made in formal documents are accurate'

37. The Tribunal considered that Dr Shoukri's persistent and maintained dishonesty and reckless disregard for the integrity of the regulatory system was at odds with the fundamental tenets of the profession and the principles as set out in GMP. It considered that all the above sub-paragraphs of SG 109 were engaged in this case.

38. The Tribunal further noted paragraph 124 of SG and considered that, although it had received no evidence indicating that Dr Shoukri was anything other than clinically competent, the assertion that he was a skilled clinician and specialised in an area of medicine that was understaffed, could not mitigate his dishonesty.

39. The Tribunal also took into account paragraph 128 of the SG that states:

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

40. The Tribunal considered the aggravating factors and then the mitigating factors, and in particular Dr Shoukri’s previous good character and his skills as a doctor and the shortage of practitioners of orthogeriatric medicine in the NHS. The Tribunal had regard to the principle of proportionality, weighing the interests of the public against those of the doctor. It took into account all the circumstances of the case and all three limbs of the overarching objective. However, the Tribunal concluded that Dr Shoukri’s misconduct was of such a serious nature that erasure was the only appropriate and proportionate sanction to protect, promote and maintain the health, safety and well-being of the public; maintain public confidence in the medical profession, and to uphold proper professional standards and conduct for members of the profession.

41. The Tribunal therefore directed that Dr Shoukri’s name be erased from the Medical Register.

Determination on Immediate Order - 23/06/2022

1. Having determined that Dr Shoukri’s registration should be erased from the register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Shoukri’s registration should be subject to an immediate order.

Evidence

2. The Tribunal received a reference from Dr F, FRCP (Edin) Clinical Director of Medicine at Southport and Ormskirk Hospital NHS Trust (SOHT), dated 21 June 2022, in support of Dr Shoukri.

Submissions

Submissions on behalf of the GMC

3. On behalf of the GMC, Ms Renton submitted that an immediate order should be imposed upon Dr Shoukri’s registration. She stated that an immediate order was necessary to protect members of the public and to maintain public confidence in the profession.

4. Ms Renton submitted that Dr Shoukri's dishonesty had been found to be persistent and maintained and would have continued had the GMC not intervened. She stated that dishonesty was a mindset and difficult to police. The absence of any insight or recognition of the extent of Dr Shoukri's misconduct or any remediation led to a real risk of repetition. This potentially put patients at risk of harm and accordingly an immediate order was necessary to protect members of the public.

5. Ms Renton also submitted that the public must have confidence in the regulatory system in order to have confidence in doctors. She stated that, given Dr Shoukri's misconduct undermined the regulatory system, there was a public interest in imposing an immediate order to maintain the integrity of the regulatory system.

6. Ms Renton referred to evidence that had been presented by Dr Shoukri at the immediate order stage and stated that the correspondence from Dr F, Clinical Director of Medicine at SOHT, which represented the doctor as clinically able was of limited value, as the issue in question was Dr Shoukri's dishonesty and there was no evidence that the doctor had developed a greater level of integrity, insight or remediation.

7. Further, Ms Renton stated that Dr Shoukri should have informed the SOHT of the possibility of an immediate order being imposed so that it could make arrangements for the care of his patients.

8. Ms Renton concluded by submitting that it would be counter-intuitive for the Tribunal to impose such a serious sanction as erasure and to allow a doctor to continue to work without imposing an immediate order, and that the public would be shocked if Dr Shoukri was allowed to continue to work without restriction.

Submissions on behalf of Dr Shoukri

9. Mr Fortune submitted that Dr Shoukri was currently working as an orthogeriatrician, performing at the standards expected of him, and was presently responsible for the care of inpatients and outpatients. He stated that, if an immediate order were imposed, the Trust may not be able to replace him, and the doctor's patients could be left without care. He explained the nature of Dr Shoukri's work and its importance to patients, particularly as one of the drugs he prescribed, Alendronic Acid, could only be initially prescribed by a consultant. This would impact not only on geriatric patients but also on patients younger than sixty-five

who suffered from low bone-density. Mr Fortune said that Dr Shoukri was the only orthogeriatrician, in a team of eight other geriatricians, at SOHT. He said that whilst outpatients may be able to be referred to another hospital in the area, there would be an immediate difficulty with inpatients. The SOHT would have difficulty in replacing Dr Shoukri in the timescale.

10. Mr Fortune submitted that this inquiry was substantially about issues of probity in relation to Dr Shoukri's application for a CESR. However, he invited the Tribunal to consider the issue of patient care and, in the circumstances, what a properly informed member of the public would consider if no immediate order were made.

11. Mr Fortune concluded by submitting that the Tribunal may find it difficult to exercise its discretion in Dr Shoukri's favour and any such decision would be finely balanced. There was a balancing exercise for the Tribunal to undertake in relation to the findings that it had made. The Tribunal had to consider the interests of the SOHT and Dr Shoukri's patients if an immediate order were imposed, given the national shortage of orthogeriatricians and the potential difficulties in replacing the doctor.

The Tribunal's Determination

12. In reaching its decision, the Tribunal has exercised its own judgement, and has taken account of the principle of proportionality. The Tribunal has borne in mind that it may impose an immediate order where it is satisfied that it is necessary for the protection of members of the public, is in the public interest, or is in the best interests of the practitioner.

13. The Tribunal had regard to the following paragraph of the SG:

'172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor...'

'173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.'

‘174 Doctors and their representatives sometimes argue that no immediate order should be made as the doctor needs time to make arrangements for the care of their patients before the substantive order for suspension or erasure takes effect’

‘175 In considering this argument, the tribunal will need to bear in mind that any doctor whose case is considered by a medical practitioners tribunal will have been aware of the date of the hearing for some time and consequently of the risk of an order being imposed. The doctor will therefore have had time to make arrangements for the care of patients before the hearing, should the need arise.’

‘176 In any event, the GMC also notifies the doctor’s employers or, in the case of general practitioners, the relevant body, of the date of the hearing. They have a duty to make sure that appropriate arrangements are in place for the care of the doctor’s patients should an immediate order be imposed.’

‘178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.’

14. The Tribunal noted that Dr Shoukri had had sufficient time to inform the Trust of the possibility that an immediate order might be imposed on his registration. He knew that he had been found to be dishonest and that his fitness to practise was impaired in February 2022 and the representations made on his behalf accepted that he faced suspension or erasure. He would have been able to notify his employers of the finding and its seriousness at that stage.

15. The Tribunal also considered the reference that it had received from Dr F, Clinical Director of Medicine of the SOHT. In particular it noted the following:

‘His overall conduct at SOHT has been in accordance with the trust values and throughout he has maintained his professional integrity.

Dr Shoukri’s contribution in improving hip fracture care and managing medical conditions of orthopedic [sic] patients are vital for achieving the standards such as hip fracture best practice tariff and improving patient mortality.

I have nothing more to share with his ongoing GMC investigation.'

16. The Tribunal considered that whilst the reference from Dr F paid tribute to the value of Dr Shoukri's clinical skills, he did not refer to the impact of an immediate order on SOHT or allude to any difficulties replacing Dr Shoukri who was employed under a locum contract. It noted that the reference did not state whether arrangements had already been made to provide appropriate care to patients. The Tribunal noted that SOHT would have been informed of the date of this hearing by the GMC directly. The Tribunal noted that in any event the SOHT would have had to employ a replacement orthogeriatrician when the doctor's appeal period expired.

17. The Tribunal noted that it had made serious findings of dishonesty and had received no evidence of remediation or insight and that there was a risk of repetition.

18. The Tribunal determined that due to the serious nature of Dr Shoukri's misconduct, an immediate order was necessary to maintain public confidence in the profession and to protect members of the public.

19. It noted that imposing an immediate order on Dr Shoukri's registration might result in temporary disruption to the care of Dr Shoukri's patients but there was no evidence to suggest that any such difficulties could not be managed by SOHT. The need to maintain public confidence in the profession in this case, significantly outweighed the impact on Dr Shoukri's patients, SOHT and Dr Shoukri. The Tribunal then considered the risk to members of the public due to the risk of repetition and this also reinforced the need for an immediate order, in pursuance of the overarching objective.

20. This means that Dr Shoukri's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

21. That concludes this case.

SCHEDULE 1

Certificate Title	Awarding Body	Date
Medical Arabic Board Certificate	Ministry of Health	5 December 2018
Certificate of Experience	Ministry of Health of Egypt	3 October 2007
Certificate of Achievement	Ministry of Health of Egypt	5 April 2009
Certificate of Achievement	Ministry of Health of Egypt	2 January 2007
Certificate of Appreciation	Ministry of Health of Egypt	4 January 2007
The Award for outstanding Teaching	Ministry of Health of Egypt	7 January 2011
Contribution in Poliomyelities vaccine Programmes	Ministry of Health of Egypt	25 February 2013

SCHEDULE 2

Handwritten/typed	Dated
Handwritten	5 January 2014
Handwritten	1 December 2014
Handwritten	7 October 2014:
Handwritten	7 November 2014:
Handwritten	2 January 2014:
Typed	5 January 2014:
Typed	2 March 2015:
Typed	4 March 2014:
Typed	7 April 2013:
Typed	5 June 2011:
Typed	8 July 2012: