

## PUBLIC RECORD

Dates: 08/06/2023 - 12/06/2023

Medical Practitioner's name: Dr Mohammed Raouf ALAM  
*\* Please note at least one other Medical Practitioner faced allegations at this hearing*

GMC reference number: 6153646

Primary medical qualification: MB BS 2006 Baqai Medical University

Type of case	Outcome on impairment
New - Misconduct	Consideration of impairment not reached

**Summary of outcome**  
Adjourned to a new tribunal.

**Tribunal:**

Legally Qualified Chair	Mr Nicholas Flanagan
Lay Tribunal Member:	Mr Robert McKeon
Medical Tribunal Member:	Professor Robert Mansel

Tribunal Clerk:	Mrs Jennifer Ireland
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**Attendance and Representation:**

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Scott Ivill, Counsel, instructed by MDDUS
GMC Representative:	Mr Robin Kitching, Counsel

## Attendance of Press / Public

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

## Overarching Objective

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

## Determination on Adjournment - 12/06/2023

1. On Monday 12 June, Mr Colman, on behalf of Dr B, Mr Ivill on behalf of Dr Mohammed Alam and Mr Kitching on behalf of the GMC, made a joint application under Rule 29(2) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), for an adjournment of the Hearing. Rule 29(2) states:

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

## The Chronology of Events

2. This Hearing was listed to commence on Tuesday 6 June 2023 for 12 days. Due to the unavailability of a Legally Qualified Chair ('LQC'), the Hearing was briefly postponed and commenced formally on Thursday 8 June, with a newly allocated LQC.

3. On Thursday 8 June, the Hearing was formally opened by the GMC, but no witness evidence was called due to the unavailability of the GMC witnesses. Two GMC witnesses were subsequently scheduled to give evidence on Friday 9 June.

4. On 9 June, prior to the commencement of witness evidence, documents – including a schedule of the 44 patients concerned within the Allegation – were disclosed on behalf of Dr B, which delayed the proceedings and resulted in no witness evidence being called that day.
5. The disclosure related to Dr B’s analysis of the medical records undertaken in March 2023. Dr B wanted the opportunity to have her analysis document with her whilst giving oral evidence, to assist her with her responses to any questions or assertions made in that evidence.
6. The Allegation before this Tribunal stems from March 2018, following an investigation by the Blackburn and Darwin Care Commissioning Group (CCG) and the Mersey Internal Audit Agency (MIAA). At the time of the initial investigation and before the referral to the GMC, neither Dr Mohammed Alam nor Dr B had an opportunity to respond or provide an explanation about the Allegation in 2018.
7. Both Dr B and Dr Mohammed Alam left the practice in 2018, with Dr B not having access to the medical records from October 2018. Dr Mohammed Alam only had intermittent work-related access after that date. Dr B first regained access to the Practice’s medical records in March 2023, a considerable time after the GMC instigated the proceedings before the MPTS.
8. The GMC agreed that the evidence was relevant and should be with Dr B when giving her evidence, save that they wished to have an opportunity to consider her evidence, which had not been included in her witness statement.
9. The document was disclosed to the GMC in handwritten form on 9 June. The GMC did not have any information or specific detail of the context of Dr B’s comments with the schedule she prepared. The handwritten schedule was typed out and provided to the GMC at 1:00PM on 9 June. However, the GMC then requested further information from Dr B, before they wanted their factual and expert witnesses to have an opportunity to consider Dr B’s analysis. Dr C, a GMC factual witness, first had an opportunity to consider the material on 12 June (today) and indicated he may be able to prepare a response by 1:00PM today.
10. The parties all indicated that they would require time to consider the content and any conclusion of any document prepared by Dr C, as well as Dr D, the GMC expert. Dr D can only give evidence today or on Friday 16 June.

11. All parties were in agreement that the case should not continue any further at this stage, due to concerns that the Tribunal would not be able to conclude Stage One of the Hearing in the time remaining.

12. Mr Kitching submitted that if the Tribunal determined to adjourn the Hearing, then it should make case management directions in respect of the serving of evidence.

### **The Tribunal's Determination**

13. The Tribunal considers it important that the GMC expert witness only gives evidence after the factual witnesses, namely Ms E and Dr C. As only after the factual witnesses have given evidence will an accurate position regarding the status of the entries be available.

14. The Tribunal considers because of the serious nature of the allegation, namely dishonesty against two Registrants, that it is highly relevant that the number of entries that are legitimate or illegitimate, and how these relate to each individual patient when they were exception reported, is established. These matters are complex and without a clear position, the Tribunal would find it difficult, if not impossible, to make a determination on the factual matters and then whether they were dishonest.

15. The Tribunal has taken into account that whilst it has heard a formal opening from the GMC, it has heard no evidence. The Tribunal acknowledged that it must balance the fairness to Dr B and Dr Mohammed Alam, as well as to the GMC and the wider public, together with the overarching objective and that justice must be done in a timely manner.

16. The Tribunal therefore determined that there was a risk of injustice to the parties in the case, as one or more parties would have little or no opportunity to adequately consider relevant evidence in the time available. The Tribunal was conscious of the age of the case – in particular the fact the Allegation stems from events in March 2018. However, the Tribunal was satisfied that considering all of the circumstances and submissions, the fairest and most reasonable course of action would be to adjourn these matters to allow time for all parties to consider the new material, for respective positions to be agreed, and sufficient time for a clear position to be presented to a future Tribunal.

17. This case will be re-listed to a newly constituted Tribunal. The Tribunal considers that this case should be relisted as soon as possible in the interests of Dr B and Dr Mohammed Alam, the other parties and the wider public, and to serve the overarching objective.

18. With that in mind, the Tribunal gives the following direction pursuant to Rule 16 of the 2004 Rules, as amended:

1. Any evidence upon which Dr B or Dr Mohammed Raouf Alam wishes to rely at any subsequent Hearing, should be served on the GMC and each other by 7 August 2023.
2. Any evidence upon which the GMC seek to rely on (in consequence or otherwise of the evidence served from Dr B and Dr Mohammed Raouf Alam) to be served on the Registrants by 2 October 2023.