

PUBLIC RECORD

Dates: 30/09/2024 - 02/10/2024

Medical Practitioner's name: Dr Mohammed SAIT
GMC reference number: 4157085
Primary medical qualification: MB BS 1986 University of Madras

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

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Medical Tribunal Member (Chair)	Mr Kamran Choudhry
Lay Tribunal Member:	Ms Hermione McEwen
Medical Tribunal Member:	Dr Amir Zafar
Tribunal Clerk:	Mr Joel Taylor- Garratt

Attendance and Representation:

Medical Practitioner:	Not present, not represented
GMC Representative:	Ms Georgina Goring, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts - 01/10/2024

Background

1. Dr Sait qualified as a doctor in 1986. At the time of the events Dr Sait was practising as a Consultant Orthopaedic Surgeon specialising in shoulder and knee injury. Dr Sait was practising within the National Health Service via the Dartford and Gravesham NHS Trust and privately at a number of locations including at the BMI Healthcare run, Fawkham Manor Hospital, Kent ('Fawkham').
2. Dr Sait was charged with criminal offences which included two allegations of fraud and two of forgery. The offences took place between 2011 and 2015. The fraud allegations involved Dr Sait invoicing private health insurance companies AXA PPP and AVIVA for procedures that had not been performed. The total cost of the fraud amounted to £17,636. The forgery allegations involved Dr Sait forging letters from the same insurers and presenting them during an internal investigation at Fawkham Manor Hospital in 2016.
3. Dr Sait was subsequently suspended by his employers and has not practised as a doctor since 2016. On 6 December 2017, Dr Sait attended a pre-arranged interview at North Kent Police where he made 'no comment' to all questions. The case was later heard at Maidstone Crown Court, where Dr Sait pleaded not guilty to all charges. His trial concluded on 20 December 2023.
4. The GMC's amended allegation that has led to Dr Sait's hearing can be summarised as that, on 20 December 2023 at Maidstone Crown Court, Dr Sait was convicted of two counts of dishonestly making a false representation to make a gain for self and two counts of making a false instrument with the intent that it be accepted as genuine. It is further alleged that, on 4 March 2024, Dr Sait was sentenced to: 12 months imprisonment, suspended for 18 months; carry out 180 hours of unpaid work by 3 September 2025; and participate in rehabilitation activity for a maximum of 25 days.

The Outcome of Applications Made during the Facts Stage

5. 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 amend paragraph 1 the Allegation to correct a typographical error relating to the date of Dr Sait’s conviction. The Tribunal determined that this amendment was fair and caused no injustice as it simply corrected a typographical inaccuracy.

The Allegation and the Doctor’s Response

6. The Allegation made against Dr Sait is as follows:

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

1. On ~~12~~20 December 2023 at Maidstone Crown Court, you were convicted of:
Amended under rule 17(6)
 - a. two counts of dishonestly making a false representation to make a gain for self/another or cause loss to other/expose other to risk;
To be determined
 - b. two counts of making a false instrument with the intent that it be accepted as genuine.
To be determined
2. On 4 March 2024 you were sentenced to:
 - a. 12 months imprisonment, suspended for 18 months;
To be determined
 - b. carry out 180 hours of unpaid work by 3 September 2025;
To be determined
 - c. participate in rehabilitation activity requirement for a maximum of 25 days.
To be determined

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

The Evidence

7. Dr Sait did not attend the hearing, was not represented and he did not provide a witness statement.
8. The Tribunal had regard to submissions made by Ms Goring, Counsel, on behalf of the GMC. It further had regard to documentary evidence provided by the parties, which included, but was not limited to:
 - Dr Sait’s registered details
 - a CPS Case Summary
 - Certificate of Conviction issued by “HM Courts & Tribunals Service” dated 13 March 2024
 - Sentencing remarks of Ms A dated 4 March 2024
 - a “Short Format Pre-Sentence Report” dated 29 February 2024
 - various correspondence between Kent Police and the GMC
 - evidence relating to Dr Sait’s application to postpone the hearing
 - two letters from Dr C dated 4 July and 2 September 2024
 - the Case Manager’s decision to refuse the postponement application

The Tribunal’s Approach

9. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Sait does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred.
10. Rule 34 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (‘the Rules’) states that:

(3) Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed.

...

- (5) *The only evidence which may be adduced by the practitioner in rebuttal of a conviction ... is evidence for the purposes of proving that he is not the person referred to in the certificate or extract.'*

The Tribunal's Analysis of the Evidence and Findings

11. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.
12. The Tribunal had regard to Rule 34 and a Certificate of Conviction dated 13 March 2024. The Certificate of Conviction was produced by "HM Courts & Tribunals Service" and was signed by an "Officer of the Court". The Tribunal was satisfied that the Certificate of Conviction complied with the formalities set out under Rule 34(3) of the Rules.
13. The Tribunal considered the content of the Certificate of Conviction. The Certificate identified a 'Mohammed Suhaib Sait' with a date of birth of 1 September 1962 as having been convicted of two criminal offences for '*Dishonestly [making] false representation to make a gain for self*' and two criminal offences for '*[Making] a false instrument with intent it be accepted as genuine*'. The Tribunal noted that the biographical details of the 'Mohammed Suhaib Sait' in the Certificate of Conviction matched the registered details of Dr Sait who was appearing before the Tribunal.
14. The Tribunal also considered other documents. The Tribunal noted Ms A's sentencing remarks, which mentioned Dr Sait by name, along with his criminal convictions and the sentences imposed. A "Suspended Sentence Order" from the "the Crown Court at Maidstone", dated 4 March 2024, was also in name of "Mohammed Sait". The Tribunal also had regard to correspondence from Dr Sait himself and letters that were provided in support of an application to postpone his hearing. These communications made reference to Dr Sait being sentenced in March 2024.
15. The Tribunal was satisfied that the Certificate of Conviction related to Dr Sait who was appearing before the Tribunal. It was also satisfied that Dr Sait had been convicted of the offences set out in paragraph 1 of the amended Allegation. The evidence further established that Dr Sait had received the sentences outlined in paragraph 2 of the amended Allegation.
16. In light of this, the Tribunal determined that the entirety of the Allegation was proved.

The Tribunal's Overall Determination on the Facts

17. The Tribunal has determined the facts as follows:

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

1. On ~~12~~ 20 December 2023 at Maidstone Crown Court, you were convicted of:
Amended under Rule 17(6)
 - a. two counts of dishonestly making a false representation to make a gain for self/another or cause loss to other/expose other to risk;
Determined and found proved
 - b. two counts of making a false instrument with the intent that it be accepted as genuine.
Determined and found proved
2. On 4 March 2024 you were sentenced to:
 - a. 12 months imprisonment, suspended for 18 months;
Determined and found proved
 - b. carry out 180 hours of unpaid work by 3 September 2025;
Determined and found proved
 - c. participate in rehabilitation activity requirement for a maximum of 25 days.
Determined and found proved

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

Determination on Impairment - 02/10/2024

DETERMINATION ON IMPAIRMENT – 02/10/2024

18. 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 Sait's fitness to practise is impaired by reason of his conviction for a criminal offence.

The Evidence

19. The Tribunal has taken into account all the evidence received during the facts stage of the hearing.

Submissions

20. On behalf of the GMC, Ms Goring, Counsel, submitted that Dr Sait's fitness to practise was impaired by reason of his conviction.
21. Ms Goring submitted that the test for impairment is that set out by Dame Janet Smith, as cited in the case of *CHRE v Grant and NMC, [2011] EWHC 927 (Admin)*:

'a) Whether the registrant 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;

b) Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;

c) Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.

d) Whether the registrant has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

22. Ms Goring acknowledged that there were no patient safety concerns in this case but submitted that Dr Sait had brought the profession into disrepute as a whole for a number of reasons. She submitted that Dr Sait was in a senior position and was convicted of four dishonesty offences. She submitted that by working as a surgeon, significant trust was placed in Dr Sait and that he abused his position. She stated that Dr Sait's dishonest actions persisted over a 4-year period and were serious enough in the eyes of the court to warrant a custodial sentence, albeit suspended for 18 months. She submitted that Dr Sait had attempted to cover up his fraudulent conduct with further dishonesty by forging documents for the Trust investigation. Ms Goring said that Dr Sait was motivated by personal financial gain, defrauding insurers of over £17,000, and that these facts seriously undermined public confidence in the profession and brought the profession into disrepute.

23. Ms Goring submitted that Dr Sait had breached a fundamental tenet of the profession, namely that he must act honestly, with integrity and within the law.
24. In light of this, Ms Goring submitted that paragraphs b) – d) of the test set out in *Grant* were engaged in this case.
25. Ms Goring submitted that at this stage of proceedings insight, remorse and remediation were relevant. She submitted that in order for someone to have insight, there needs to be a high level of accountability, reflection and a good level of understanding of their actions. Ms Goring submitted that Dr Sait had not engaged with the hearing process and not provided any evidence of his insight, remediation or remorse and so it was unclear to what extent, if any, Dr Sait accepted his criminal offending and reflected on the matter. She submitted that the Tribunal should proceed to consider matters on the basis of information that was available to the criminal court. She submitted that Dr Sait gave a ‘no comment’ interview to the Police and that he entered a plea of not guilty and was subsequently convicted by a jury.
26. Ms Goring referred the Tribunal to the pre-sentencing report and submitted that this demonstrated that, at the time of that report, Dr Sait was minimising his actions, did not accept his criminal behaviour and was refuting the conviction that he had received in December 2023.
27. Ms Goring submitted that Dr Sait had provided no evidence that he had reflected on his actions or their impact on the profession, the insurers that he had defrauded or other members of the public that are insured by those companies.
28. Ms Goring also referred the Tribunal to the Judge’s sentencing remarks, which included the comment that *‘You have, it seems to me, started to reflect on your behaviour, but that remorse is limited because you do not appear to accept that what you did – you do not fully accept what you did in relation to the forged letters.’*
29. Ms Goring submitted that although these remarks referred to remorse, Dr Sait’s remorse was qualified and that he did not accept his behaviour.
30. Ms Goring submitted that Dr Sait had provided no evidence to reassure the Tribunal that his behaviour will not be repeated in the future, nor had he provided any evidence to confirm that he had completed the work and rehabilitation aspects of his criminal sentence.

31. In conclusion, Ms Goring submitted that a finding of impairment was necessary to protect, promote and maintain public confidence in the profession and to uphold proper professional standards.
32. Dr Sait did not attend the hearing and was not represented.

The Relevant Legal Principles

33. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.
34. The Tribunal also reminded itself that it must determine whether Dr Sait's fitness to practise is impaired today, taking into account Dr Sait's conviction and conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition. The Tribunal may also take into account facts arising from past events, as set out in the case of *Cheatle v General Medical Council [2009] EWHC 645 (Admin)*.
35. The Tribunal was advised that it should have regard to Dr Sait's level of insight, whether he appreciates the gravity of his conduct, his efforts at remediation and the risk of him repeating his actions. It was also advised that the greater a doctor's insight into their conduct, the more confident a Tribunal can be that the conduct can be remediated. The Tribunal was further advised that it can only have confidence that there is unlikely to be repetition if it is satisfied that there is a candid and full acceptance of both the wrongdoing and why it is wrong.
36. The Tribunal was further advised to have regard to the case of *General Medical Council v Chaudhary [2017] EWHC 2561 (Admin)*, which emphasised that remediation alone is not the end of the matter and that the Tribunal must, at all times in its deliberations, have in mind the three limbs of the overarching objective.
37. The Tribunal was referred to the High Court decision in *General Medical Council v Nwachuku [2017] EWHC 2085 (Admin)*, which held that it will be an unusual case where dishonesty is not found to impair fitness to practise. It should further note that whilst dishonesty may be difficult to remediate, it is not impossible.

The Tribunal's Determination on Impairment

38. The Tribunal reminded itself that Dr Sait had been convicted of four criminal offences and that the conduct giving rise to them occurred between 2011 and 2015. The Tribunal recalled that Dr Sait's convictions involved dishonesty and resulted from making fraudulent claims to insurance companies and then taking steps to cover this up by forging documents during the Trust investigation.
39. The Tribunal reminded itself that the key question was whether Dr Sait's fitness to practise was impaired as of the date of the hearing, and that it must look forward.
40. The Tribunal considered the test set out under paragraph 76 in the case of *Grant* and agreed with Ms. Goring that limbs b) to d) were engaged in this case. The Tribunal was of the view that Dr Sait's offending behaviour demonstrated a disregard for legal and ethical standards and brought the medical profession into disrepute. This is because his offending behaviour involved dishonesty in the course of his professional practice, occurred over a prolonged period of time, involved a substantial sum of money and deliberate steps to deceive others. The Tribunal was also of the view that Dr Sait's convictions were serious and that the suspended custodial sentence imposed reflected this.
41. The Tribunal also had regard to the *Good Medical Practice (2013)* ('GMP'). It considered that the following paragraphs were relevant in this case:

'1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.

...

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

...

71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

***a** You must take reasonable steps to check the information is correct.*

***b** You must not deliberately leave out relevant information.'*

42. The Tribunal considered that Dr Sait’s dishonest actions breached fundamental tenets of the medical profession.
43. The Tribunal considered evidence of Dr Sait’s insight, remediation and remorse. It found that there was no evidence to suggest that Dr Sait had repeated the behaviour that led to his criminal convictions in December 2023.
44. The Tribunal observed that Dr Sait was interviewed by a member of the Prison and Probation Service on 26 February 2024. This resulted in the production of a “Short Format Pre-Sentence Report” dated 29 February 2024. The Tribunal was satisfied that Dr Sait’s pre-sentence report provided recent evidence of his attitude and insight. The Tribunal noted that Dr Sait informed the interviewer that his convictions had had a *‘massive impact’* on XXX and finances; that he felt *‘continual “shame and guilt”*’; and that *‘he regrets committing the offence.’* The Tribunal also noted that the pre-sentence report indicated that Dr Sait *‘minimises his level of responsibility in that he states that he felt he was using the right code and also does not accept that he committed the offence for financial gain.’*
45. The Tribunal also considered Ms A’s sentencing comments, which offered additional recent evidence of Dr Sait’s insight. Ms A commented *‘You have, it seems to me, started to reflect on your behaviour, but that remorse is limited because you do not appear to accept that what you did – you do not fully accept what you did in relation to the forged letters.’*
46. The Tribunal considered that the evidence before it demonstrated that although Dr Sait had started to reflect on his offending behaviour, he had very little insight. In particular, there was no evidence that Dr Sait understood or reflected on the seriousness and gravity of his offending or the impact it had on the medical profession and the public confidence in it. In the circumstances, the Tribunal was unable to rule out the possibility of Dr Sait repeating acts of dishonesty in the future.
47. The Tribunal also considered steps taken by Dr Sait to remediate his offending behaviour. The Tribunal was of the view that there was not enough evidence to make any determination on this issue. In particular, the Tribunal was unable to properly consider whether or not Dr Sait had repaid the money owed due to his actions. The Tribunal was also unable to properly consider whether or not Dr Sait had complied in any way with the requirement to carry out the 180 hours of unpaid work by 3 September 2025 or participate in rehabilitation activity requirement for a maximum of 25 days.

48. The Tribunal concluded that Dr Sait's convictions were serious, involved dishonesty in the course of his medical practice, brought the profession into disrepute, and breached fundamental tenets of the profession. In light of this and its finding that Dr Sait had very little insight, the Tribunal determined that a finding of impairment was necessary to maintain public confidence in the profession and to maintain proper professional standards.
49. The Tribunal has therefore determined that Dr Sait's fitness to practise is impaired by reason of a conviction for a criminal offence.

Determination on Sanction - 02/10/2024

50. Having determined that Dr Sait's fitness to practise is impaired by reason of a conviction for a criminal offence, 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

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

Submissions

52. On behalf of the GMC, Ms Goring, Counsel, submitted that, due to the serious nature of Dr Sait's convictions, the appropriate sanction in this case was one of erasure. She said that, as set out in the Sanctions Guidance (2024) ('the SG'), the main reason for imposing sanctions is to protect the public and that a doctor's conduct must justify patients' confidence in them and the public's confidence in the profession.
53. Ms Goring reminded the Tribunal that Dr Sait's convictions were for dishonest behaviour and referred it to paragraph 124 of the SG, which she submitted was clearly relevant in this case:

'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.'

54. Ms Goring stated that the Tribunal must begin by considering the least restrictive sanction before proceeding to consider other, more restrictive measures. She said that the SG set out in paragraph 68 that *'there may be exceptional circumstances to justify a tribunal taking no action'* but submitted that no such exceptional circumstances were present in this case.
55. Ms Goring also submitted that an order of conditions would not be appropriate in this case. She said that there were no conditions that could be formulated to prevent Dr Sait from repeating his fraudulent behaviour in the future. Additionally, Ms Goring submitted that an order of conditions would not be appropriate or proportionate because of the seriousness of Dr Sait's convictions.
56. Ms Goring submitted that an order of suspension would also be insufficient to serve the public interest in the case. She said that she made this submission because of the seriousness of Dr Sait's convictions, the persistent nature of his conduct, the fact that he attempted to cover up his actions and the Tribunal's findings that there was no evidence of any remediation and little demonstration of any insight.
57. Ms Goring referred the Tribunal to paragraph 97 of the SG, which sets out some factors that may indicate that suspension is the appropriate sanction. She submitted that the details of this case meant that the following paragraphs were not engaged and so indicated that suspension was not appropriate:
- 'a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.*
- ...
- g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.'*
58. Ms Goring submitted that Dr Sait had not provided sufficient evidence of insight or remediation for the Tribunal to be able to be confident that he would not repeat his

behaviour in the future. Additionally, she submitted that the extremely serious nature of Dr Sait’s convictions was fundamentally incompatible with continued registration.

59. Ms Goring referred the Tribunal to the following paragraphs of the SG, which she submitted indicated that erasure was the appropriate sanction in the case:

‘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 difficult to remediate.

...

d Abuse of position/trust (see Good medical practice, paragraph 81: ‘You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession’).

...

h Dishonesty, especially where persistent and/or covered up

...

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

60. Ms Goring submitted that the Tribunal had found that Dr Sait’s convictions breached fundamental tenets of the profession and that he did not demonstrate any remediation. She submitted that Dr Sait was in a senior position of trust at the time of his criminal behaviour and reminded the Tribunal that his behaviour was ongoing between 2011 and 2015, which he then sought to cover up by fabricating documents.

61. Ms Goring also referred the Tribunal to paragraph 128 of the SG:

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

62. Ms Goring submitted that all these factors indicated that erasure was the only appropriate and proportionate sanction in this case and was necessary to uphold public confidence in the profession.
63. Turning to aggravating and mitigating factors, Ms Goring submitted that the significant lapse of time since the events and XXX were mitigating factors. She submitted that the aggravating factors were that Dr Sait had abused a position of trust, had sought to cover up his actions, had only demonstrated limited remorse – still not accepting the criminality of his actions – and that he had very little insight, meaning, therefore that there was a risk of him repeating his conduct. Ms Goring also advised the Tribunal that Dr Sait had a history of regulatory concerns, including being suspended for sexual misconduct towards a patient, and submitted that this was a further aggravating factor in the case. XXX.

The Tribunal’s Determination on Sanction

64. The Tribunal reminded itself that it was required to impose a single sanction in respect of its finding that Dr Sait’s fitness to practise was impaired by reason of his conviction.
65. The Tribunal bore in mind that the reason for imposing sanctions is to uphold the overarching objective to protect the public. Sanctions are not imposed to punish doctors, although they may have a punitive effect.
66. The Tribunal took a proportionate approach, balancing the interests of Dr Sait with the public interest. It bore in mind that the reputation of the profession as a whole is more important than the interests of any individual doctor.
67. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal exercising its own judgement. It must consider the least restrictive sanction first and then, if necessary, consider the other sanctions, taking into account the evidence and submissions that have been read and heard.
68. The Tribunal was instructed to consider any relevant mitigating and aggravating factors and address them within the context of the determination.

Aggravating and Mitigating Factors

69. The Tribunal considered aggravating and mitigating factors in this case. In relation to

aggravating factors, the Tribunal considered paragraph 54 of the SG and Ms Goring’s submissions that in 2018 Dr Sait was suspended for inappropriate sexually motivated conduct towards a female patient. The Tribunal considered this as an aggravating factor. XXX.

70. The Tribunals also considered that an additional aggravating factor was that Dr Sait’s dishonest conduct was carried out in the course of his professional medical practice.

71. In relation to mitigating factors, the Tribunal accepted Ms Goring’s submissions and noted that the underlying conduct that resulted in Dr Sait’s convictions occurred some time ago between 2011 and 2015. It noted that there was no suggestion that Dr Sait had acted dishonestly since that date.

No action

72. The Tribunal considered that taking no action was only appropriate where there were exceptional circumstances to justify it doing so. The Tribunal did not identify any exceptional circumstances in this case.

Conditions

73. The Tribunal considered whether it would be appropriate to impose conditions on Dr Sait’s registration. The Tribunal recalled that in order for conditions to be imposed, they must be appropriate, proportionate, workable and measurable.

74. The Tribunal considered the SG at paragraph 81 which describes the type of case where conditions may be appropriate. The Tribunal noted that conditions are generally imposed in cases concerning a doctor’s health, performance, specific deficiencies in their practice, or lack of necessary English language proficiency to practice medicine without supervision. The Tribunal was of the view that Dr Sait’s convictions did not fall within these categories.

75. The Tribunal further had regard to paragraph 82 of the SG which states:

‘Conditions are likely to be workable where:

a. the doctor has insight

...

c. the tribunal is satisfied the doctor will comply with them’

76. The Tribunal recalled its finding that Dr Sait had very little insight and was of the view that conditions were not workable.
77. The Tribunal found that conditions were inappropriate and disproportionate to address the serious nature of Dr Sait’s criminal convictions, and was also insufficient to satisfy the public interest and maintain proper professional standards of conduct for the profession in this case.

Suspension

78. The Tribunal noted that for suspension to be an appropriate and proportionate sanction, the conduct must be such that it is not fundamentally incompatible with continued registration.
79. The Tribunal had regard to paragraphs 92 and 93 of the SG which state:

’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 (i.e. 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)

’93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated.’

80. The Tribunal also considered paragraph 97 of the SG, which outlines factors that may indicate when a suspension may be appropriate. The Tribunal noted that paragraph 97(a) provides:

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

81. It further noted that paragraph 97(g) provides: *’The tribunal is satisfied the doctor has*

insight and does not pose a significant risk of repeating behaviour.'

82. The Tribunal recalled its finding that Dr Sait had very little insight. It further recalled its finding that it was unable to rule out the possibility of Dr Sait repeating acts of dishonesty in the future.
83. The Tribunal concluded that, in the circumstances, conditions required for a suspension were not appropriate. A suspension was also insufficient to satisfy the three limbs of the overarching objective.

Erasure

84. Having found that suspension was insufficient, the Tribunal considered whether it would be appropriate and necessary to erase Dr Sait's name from the Medical Register.
85. The Tribunal had regard to paragraphs 107 and 108 of the SG, which provide:

'107 The tribunal may erase a doctor from the medical register in any case – except one that relates solely to the doctor's health...

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.'

86. The Tribunal further considered that paragraphs 109(a), (d), (h) and (j), of the SG, as set out above, were engaged in this case.
87. The Tribunal also had regard to sections in the SG that discussed dishonesty. In particular, the Tribunal had regard to paragraph 120 which provides 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.'*
88. It further noted that paragraph 121 expressly referenced the GMP and that doctors must *'be honest in financial and commercial dealings with patients, employers, insurers, indemnifiers and other organisations or individuals.'*

89. The Tribunal had regard to paragraphs 124 and 128 which stated:

'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.'

...

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

90. The Tribunal concluded that in the circumstances, erasure was the only appropriate and proportionate sanction. The Tribunal determined that the seriousness of Dr Sait's convictions were fundamentally incompatible with continued registration. The Tribunal also concluded that erasure was necessary in furtherance of the overarching objective: to maintain public confidence in the medical profession; and to uphold proper professional standards and conduct for members of the profession.

Determination on Immediate Order - 02/10/2024

91. Having determined to erase Dr Sait's name from the Medical Register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Sait's registration should be subject to an immediate order.

Submissions

92. On behalf of the GMC, Ms Goring submitted that in accordance with paragraph 172 of the SG, the GMC seek an immediate order to uphold public confidence in the profession during the appeal period.

93. Ms Goring submitted that immediate action must be taken to protect the public confidence in the medical profession. She advised the Tribunal that Dr Sait is not currently in practise and therefore there is no issue around needing to arrange for patient care.

The Tribunal's Determination

94. In reaching its decision, the Tribunal had regard to its previous determinations and the submissions made by Ms Goring.
95. The Tribunal considered paragraphs 172 and 178 of the SG relevant. These provide:
- '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. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.*
- ...
- 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.'*
96. The Tribunal considered the seriousness of Dr Sait's convictions. The Tribunal further balanced the interests of Dr Sait against those of the public.
97. The Tribunal determined that an immediate order of suspension was necessary to protect the public and was otherwise in the public interest.
98. This means that Dr Sait's registration will be suspended on the date on which notification of this decision is deemed to have been served upon him. The substantive direction, as already announced, will take effect 28 days from that date, 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.
99. The interim order of suspension currently in place is hereby revoked.
100. That concludes this case.

ANNEX A – 30/09/2024

Service of Notice of the Hearing

101. This determination will be handed down in private. However, as this case concerns Dr Sait's conviction, a redacted version will be published at the close of the hearing.

102. Dr Sait is neither present nor represented at this hearing.

103. Ms Goring, Counsel on behalf of the GMC, provided the Tribunal with documents regarding service of these proceedings on Dr Sait. This included a copy of the GMC Notice of Allegation letter sent to Dr Sait's email address, dated 19 August 2024. The Tribunal was given a copy of the Medical Practitioners Tribunal Service (MPTS) Notice of Hearing letter, dated 20 August 2024, which was emailed and posted to Dr Sait's registered address by Royal Mail Special Delivery on the same day. Royal Mail Track and Trace documentation confirmed that the Notice of Hearing letter was delivered and signed for by someone by the name of 'SAIT' on 21 August 2024. The Tribunal was also provided with Dr Sait's email responses regarding these proceedings, which included Dr Sait's application to postpone the hearing, in which he explicitly referred to the hearing beginning on 30 September 2024.

104. The Tribunal had regard to the case of *General Medical Council v Adeogba; General Medical Council v Visvardis* [2016] EWCA Civ 162 which confirms that the GMC has a duty to communicate with a doctor at the registered address they provide. The Tribunal was satisfied that Dr Sait had received and responded to correspondence from both the GMC and the MPTS sent by post and by email.

105. The Tribunal had regard to the service bundle provided by the GMC, as well as Ms Goring's submissions. Having considered all of the evidence before it, particularly noting Dr Sait's emails to the GMC, the Tribunal was satisfied that notice of the hearing had been served in accordance with Rules 15 and 40 of the General Medical Council (Fitness to Practise) Rules 2004 (as amended) ('the Rules') and paragraph 8 of Schedule 4 to the Medical Act 1983 (as amended).

Proceeding in Dr Sait's absence

106. The Tribunal went on to consider whether it would be appropriate to proceed with this hearing in Dr Sait's absence pursuant to Rule 31 of the Rules. In advance of doing so, the Tribunal requested that it be provided with two letters referenced in the hearing bundle

that were written by XXX. These letters were dated 4 July 2024 and 2 September 2024 and concerned XXX. The Tribunal were also provided with a chronology of communications between the GMC and Dr Sait.

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

108. Ms Goring invited the Tribunal to proceed in Dr Sait's absence. She submitted that Dr Sait is aware of these proceedings and has voluntarily absented himself. She submitted that there was no indication that an adjournment would be of benefit to these proceedings as the issues raised by Dr Sait would still be present at any later hearing. Ms Goring submitted that there was a public interest in hearings being dealt with expeditiously and that the issues that led to Dr Sait's convictions date back to 2011. She also reminded the Tribunal that Dr Sait had given no indication to the Tribunal that he wished the Hearing to be adjourned at this stage.

109. XXX

110. The Tribunal considered Dr Sait's postponement application of 3 September 2024. The Tribunal was satisfied that this demonstrated Dr Sait was aware of the investigation process, of today's hearing and had previously engaged with the GMC.

111. XXX

112. XXX. The Tribunal had regard to the chronology of communications between Dr Sait and the GMC. It noted that Dr Sait was able to communicate with the GMC and had lodged a coherent application to postpone proceedings on 3 September 2024. The Tribunal noted that Dr Sait had been informed on 16 September 2024 that his postponement application had been rejected and he had made no further postponement applications. XXX.

113. In these circumstances, the Tribunal concluded that the evidence presented did not demonstrate that Dr Sait's absence was due to the inability to meaningfully participate in his hearing.

114. The Tribunal further considered the issue of fairness, including the extent of any disadvantage to Dr Sait were the Tribunal to proceed in his absence and the risk of the Tribunal reaching an improper conclusion. It weighted these factors against the public

interest which requires the fair, economical, expeditious and efficient disposal of allegations made against medical practitioners. The Tribunal concluded that it was in public interest to proceed with Dr Sait's hearing in his absence.

115. Therefore, in accordance with Rule 31, the Tribunal has determined to proceed in Dr Sait's absence.