

## PUBLIC RECORD

Date: 02/08/2024

Medical Practitioner's name: Dr Mohit INANI  
GMC reference number: 7548432  
Primary medical qualification: MB BCh BAO 2017 Queens University of Belfast

Type of case Outcome on impairment  
Review - Misconduct Not Impaired

Summary of outcome  
Suspension revoked

## Tribunal:

Legally Qualified Chair	Miss Debi Gould
Lay Tribunal Member:	Mr Andrew Gell
Medical Tribunal Member:	Dr Jill Belch
Tribunal Clerk:	Ms Angela Carney

## Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Mr Sunil Ramniwas Inani
GMC Representative:	Mr Salek Ahmed, Counsel

## Attendance of Press / Public

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

## Overarching Objective

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

## Determination on Impairment - 02/08/2024

1. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Inani's fitness to practise is impaired by reason of misconduct.

## The Outcome of Applications Made during the Impairment Stage

2. At the outset of the hearing Dr Inani made an application for Mr Sunil Inani (Mr Inani), his father, to represent him during these proceedings. Mr Inani had previously represented Dr Inani at an MPTS hearing in January 2024 (the January 2024 Tribunal). Mr Salek Ahmed, Counsel, on behalf of the GMC, made no objection.

3. The Tribunal reminded Mr Inani of the list of 8 factors in the '*Guidance for Representatives at hearings*' which indicate whether or not a person is a suitable individual to be a representative. Mr Inani confirmed that his position in relation to these factors had not changed since the previous hearing in January 2024. He confirmed that he was aware of the requirements upon him. The Tribunal determined that it was not appropriate to go behind the January 2024 Tribunal's determination under Rule 30 of the Rules. The Tribunal therefore determined to allow Mr Inani to represent Dr Inani.

## Background

3. Dr Inani obtained provisional registration with the GMC on 20 July 2017 before obtaining full registration from 1 August 2018. At the time of the events that led to his referral to the January 2024 Tribunal Dr Inani was working as a clinical teaching fellow at the Hereford County Hospital. He had also been enrolled on a part-time Postgraduate Certificate in Education for Health Professionals programme at the University of Birmingham ('the University') since October 2019 ('the Course'). As part of the Course Dr Inani was required to submit a number of written assignments that he would be required to pass in order to successfully complete, and graduate from, the Course.

4. The facts found proved at Dr Inani's hearing in January 2024 can be summarised shortly. On 16 October 2020 Dr Inani submitted an assignment titled 'Critical Analysis of Foundation Programme Curriculum' ('the Second Assignment') to the University. A large part of the text in that assignment was very similar to a previously submitted essay by another

student. The January 2024 Tribunal found proved that at the time of submitting the Second Assignment Dr Inani knew that a large part of the text of was copied from the essay of another student. The January 2024 Tribunal also determined that Dr Inani understood the University's rules regarding plagiarism, had been directed to the University's guidance on plagiarism and had been provided with a copy of the Code of Practice on Academic Integrity. The January 2024 Tribunal found proved that Dr Inani's actions, in submitting the Second Assignment, were dishonest by reason of that prior knowledge.

5. The January 2024 Tribunal determined that Dr Inani's actions in respect of the second assignment would be considered deplorable by fellow members of the medical profession and did amount to serious misconduct.

6. The January 2024 Tribunal considered there was little evidence that Dr Inani had proper insight into, and understanding of, the gravity of his misconduct or the impact on the public and medical profession. It determined that Dr Inani was only just beginning his journey and that he had a lot more work to do before insight was complete. Consequently, the January 2024 Tribunal was concerned that there was a risk of repetition.

7. The January 2024 Tribunal concluded that a finding of impairment was necessary in order to maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession. It determined that Dr Inani's fitness to practise was currently impaired by reason of his misconduct.

8. The January 2024 Tribunal determined that taking no action would not be sufficient, proportionate, or in the public interest. It also determined that a period of conditional registration would not be a sufficient, appropriate, or proportionate sanction to satisfy the public interest.

9. The January 2024 Tribunal concluded that Dr Inani's misconduct was not fundamentally incompatible with continued registration. It noted that this was a single episode of dishonesty and Dr Inani had demonstrated his willingness to remediate and had shown "green shoots" of insight. The January 2024 Tribunal was therefore persuaded that a period of suspension would meet the need to maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession. It considered that a period of suspension would balance Dr Inani's interests with the need to send a clear message that his behaviour was wholly unacceptable for a member of the medical profession. The January 2024 Tribunal therefore determined that Dr Inani's registration should be suspended for a period of 6 months and directed a review.

10. The January 2024 Tribunal considered that in the absence of any concerns about patient safety, and the fact that the finding of dishonesty was not linked to Dr Inani's clinical practise, an immediate order was not necessary.

11. The January 2024 Tribunal considered that a reviewing Tribunal may be assisted if Dr Inani provided documentary evidence that:

- He has reflected on his actions and demonstrated the depth of his learning on the differences his learning has made to him in his professional and personal life, and how his misconduct has impacted the public and the profession;
- He has kept his knowledge and skills up to date;
- Any further courses or training undertaken and the benefit to him of doing the same;
- Any testimonial evidence Dr Inani may wish to provide, this may include testimonials from senior members of the profession and/or a mentor;
- Any other evidence he considers may assist a future Tribunal.

### The Evidence

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

### Dr Inani's evidence

13. On questioning by the Tribunal, Dr Inani said that his undated reflections were done over a period of time. He said his first reflections were completed around May 2024 following correspondence with the GMC. He said his other reflections were completed in June and July 2024.

14. Dr Inani confirmed that he recognised that he had been dishonest. In regard to maintaining public confidence Dr Inani apologised unconditionally to everyone including the University, the profession and the public.

15. Dr Inani said that he now recognised and understood that his actions would have an impact on the trust between a doctor and patients. He also said that colleagues would be cautious in trusting him due to his misconduct. Dr Inani acknowledged that dishonesty is not easy to remedy. He said, however, that he has had meetings with his mentor and attended a variety of courses concerning probity and ethics and discussed these with his mentor and discussed his dishonesty with his mentor and supervisors. He stated that all of this has assisted him to develop greater insight into his misconduct. He said there has been no repetition of any dishonesty.

16. In relation to his medical skills and knowledge Dr Inani referred the Tribunal to the courses he has attended which he said have helped him keep up to date. Dr Inani also described reading various medical texts and British Medical Association (BMA) journals. Dr Inani referred the Tribunal to the positive testimonials.

17. Dr Inani said in order to prevent the risk of repetition in the future, he would discuss issues with his peers, senior colleagues and his parents. Dr Inani said that he has learnt the

importance of probity and how that can impact on a doctor and the doctor patient relationship.

18. The Tribunal received the following documentary evidence, which included but was not limited to:

- Record of Determinations, January 2024
- Letter from Dr B, Consultant Physician & Gastroenterologist, the Shrewsbury and Telford Hospital and Dr Inani's Educational Supervisor August 2022 to August 2023, dated 26 March 2024
- Dr Inani's two reflective pieces, undated
- Certificates: Probity & Ethics course, dated 14 January and 23 June 2024
- Certificate: Module on Remediation course, dated 9 January 2024
- Certificate: How to Ensure a similar Mistake or Misconduct will not be repeated in Future, dated 21 June 2024
- Certificate: Ethics & Ethical Standards for Doctors, dated 21 June 2024
- Certificate: How to Deal with a Complaint or Investigation, dated 3 July 2024
- Certificate: How to Avoid a Complaint or Investigation, dated 16 July 2024
- Certificate: Professional Boundaries For Clinicians, dated 18 July 2024
- Continuing Professional Development (CPD) Certificates, dated March to July 2024
- Dr Inani's reflection on RCP Update in Medicine course July 2024
- Testimonial of Dr C, Consultant Physician and Nephrologist, undated
- Letter from Dr Inani's mentor, Dr A, Respiratory Physician, Royal Shrewsbury Hospital and Training Programme Director for IMTs, West Midlands, dated 2 July 2024

## Submissions

19. On behalf of the GMC, Mr Salek Ahmed, Counsel, submitted that the GMC remains neutral on the matter of impairment.

20. On behalf of Dr Inani, Mr Inani told the Tribunal that Dr Inani apologises for his misconduct. He referred the Tribunal to the courses Dr Inani has undertaken and the reflections on those courses. He said that Dr Inani has demonstrated remorse in his reflections. He said that Dr Inani is very sorry to have let down his profession and members of the public. Mr Inani referred the Tribunal to the positive testimonials. Mr Inani stated that Dr Inani has kept his medical skills and knowledge up to date and referred the Tribunal to the CPD he has completed.

21. Mr Inani reminded the Tribunal of Dr A's letter in which mentioned that the risk of Dr Inani having further probity issues would be very unlikely and his continuing mentorship would prevent any further reputation of misconduct given the large number of CPD courses

and his reflections. He said that the CPD courses and Dr A's mentorship will help him to maintain proper professional standards and public confidence. He said that Dr Inani has effectively utilised his time during his suspension to ensure that he has in place strategies to prevent any misconduct in the future. Mr Inani confirmed since October 2020, there has been no repetition of dishonesty.

### The Relevant Legal Principles

22. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practise.

23. This Tribunal must determine whether Dr Inani's fitness to practise is impaired today, taking into account his 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's Determination on Impairment

#### Misconduct

24. The Tribunal reminded itself of the seriousness of Dr Inani's misconduct. It noted that the January 2024 Tribunal considered that dishonesty is difficult to remediate but could be remediated.

25. The Tribunal took account of Dr Inani's series of reflections which indicate he has taken on board the findings of the January 2024 Tribunal. The Tribunal considered Dr Inani's reflections demonstrate that he had reflected over a period of time, during which his insight had deepened and matured and that he now fully understands where he went wrong.

26. The Tribunal considered Dr Inani's oral evidence during which he again apologised for his dishonesty. His oral evidence focussed on the key issue, which is trust. Dr Inani identified the impact dishonesty can have on colleagues, patients and public confidence. The Tribunal found that Dr Inani has acknowledged his dishonesty and demonstrated acceptance.

27. The Tribunal noted the positive testimonials provided by Dr Inani's medical supervisors and mentor.

28. The Tribunal placed weight on the letter from Dr Inani's medical supervisor, Dr A, in which he stated:

*'Dr Inani has shown an increasing level of reflection and understanding of why issues of probity are so crucial to the function of a clinician and why as a profession we put such a high price on it. He now clearly understands why we need to take time to reflect*

*on any occasion when our probity falls below the expected professional standard and he is very aware that if you don't maintain those standards in one area of practice then that can creep into your clinical work and eventually impact patient care.'*

29. The Tribunal considered that it was clear that Dr Inani has discussed his misconduct with his senior colleagues and his peers. It noted that Dr Inani has a good support network in place should a similar situation arise and as such it was satisfied that the risk of repetition in the future was low.

30. The Tribunal has borne in mind paragraphs 163 and 164 of the Sanctions Guidance (February 2024), which state:

*'163 It is important that no doctor is allowed to resume unrestricted practice following a period of conditional registration or suspension unless the tribunal considers that they are safe to do so.'*

*'164 .....in most cases where a period of suspension is imposed, and in all cases where conditions have been imposed, the tribunal will need to be reassured that the doctor is fit to resume practice – either unrestricted or with conditions or further conditions. A review hearing is therefore likely to be necessary, so that the tribunal can consider whether the doctor has shown all of the following (by producing objective evidence):*

- a they fully appreciate the gravity of the offence*
- b they have not reoffended*
- c they have maintained their skills and knowledge*
- d patients will not be placed at risk by resumption of practice or by the imposition of conditional registration.*

31. Having regard to paragraph 164, the Tribunal was satisfied that Dr Inani fully appreciates the seriousness of his dishonest actions and the gravity of his misconduct, which has not been repeated.

32. The Tribunal noted Dr Inani's CPD which was focussed, in terms of probity. The Tribunal also noted that that it has been a relatively short time since Dr Inani has been out of clinical practice. The Tribunal was satisfied that there was sufficient evidence that Dr Inani has maintained his skills and knowledge and, that patients will not be placed at risk if he returned to clinical practice.

33. The Tribunal noted that the order of suspension on Dr Inani's registration expires on 15 August 2024.

34. The Tribunal considered that a reasonably informed member of the public, aware of Dr Inani's remediation, insight and remorse, would not be concerned if the order of suspension was revoked with immediate effect. Further, the Tribunal concluded that the

public should not be deprived of an otherwise competent doctor. The Tribunal considered that although the order of suspension was made on public interest grounds, it was satisfied that public confidence would not be seriously undermined if the order of suspension was revoked with immediate effect.

35. Accordingly, the Tribunal determined that Dr Inani's fitness to practise is no longer impaired by reason of misconduct and the current order of suspension on his registration, should be revoked with immediate effect.

36. That concludes this case.