

PUBLIC RECORD

Dates: 02/01/2024 - 11/01/2024

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

Summary of outcome

Suspension, 6 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Mrs Nessa Sharkett
Lay Tribunal Member:	Mrs Jane Johnson
Medical Tribunal Member:	Dr John Garner

Tribunal Clerk:	Mr Matt O'Reilly
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Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Mr Sunil Inani
GMC Representative:	Ms Shirlie Duckworth, 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 - 08/01/2024

Background

1. 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 the Allegation before this 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.
2. The Allegation that has led to Dr Inani's hearing is that, in relation to the submission of two of the three assignments, he submitted as part of the Course, Dr Inani had been found to have plagiarised his work from that of others in respect of the first assignment, and plagiarised the work of another student in respect of the second.

The First Assignment

3. Soon after Dr Inani's course had commenced there started to be an increased awareness of Covid 19 and the University recognised the potential impact it may have on its students. Consequently, the University issued a blanket extension for the submission of Assignments and the first Assignment Dr Inani was required to submit was not until 7 May 2020. Dr Inani submitted his first assignment on time, through the online Canvas platform in accordance with usual University practise. Running alongside the Canvas platform the University also used a software programme called Turnitin. This software is able to compare the text content of assignments submitted via Canvas with a wide database of other works to establish whether or where parts of assignments are the same or very similar to work submitted either by other students (past or present), or in wider academia/research. In respect of Dr Inani's first submission the Turnitin report identified his work as being 73% the same or similar to works of others. On this occasion Turnitin identified 40 sources from which the work may have been plagiarised. The

Turnitin report highlights in colour those parts of the text in an assignment that are matched to each source and a link will allow the academic examiner to access the source of the material to see how much text is copied. The assessment of whether a student's work has been copied from the work of another is not wholly based on the Turnitin report and an academic examiner will physically carry out a qualitative assessment on each piece of work identified as suspicious by Turnitin before deciding whether it is necessary to take further action.

4. In accordance with the University Code on academic integrity Dr Inani was invited to an academic integrity meeting with Dr A and Dr B (the integrity meeting). During the integrity meeting Dr Inani explained that he had been experiencing some difficulties in his work and personal life and that he had also experienced some difficulty understanding some of the materials which formed the topic of the assignment. Drs A and B had regard to the way in which the assignment had been written and noted that Dr Inani appeared to have lifted sections of text from his notes, which in turn had been lifted from the works of others in his research for the assignment. Whilst Dr Inani had produced a list of references he had failed to put the work into his own words to demonstrate understanding of the topic and had failed to properly acknowledge each source of the relevant text. Having had regard to the explanations offered by Dr Inani Dr A and Dr B concluded that whilst Dr Inani's work demonstrated poor academic practice, which can in itself amount to plagiarism under the rules of the University, it determined that on this occasion Dr Inani had not intended to deceive the University and pass the work of others as his own and therefore in light of the circumstances and the fact that this was a first 'offence' the incident was recorded as 'moderate' plagiarism. This is categorised as 'low level' by the University and in accordance with its rules the matter was not escalated for further consideration by the College Misconduct Committee ('The Misconduct Committee'). Dr Inani was reminded of the rules on plagiarism and the resources available at the university to assist him in not repeating his mistakes. It was thought appropriate on this occasion to allow him to re-submit the assignment, but his mark would be capped at 50%. The assignment was re-submitted and marked as passed.
5. It is alleged that the First Assignment submitted by Dr Inani on 7 May 2020 reproduced large portions of text from the work of others. It is further alleged that Dr Inani knew that it contained large portions of text from the work of others and that he understood the University's rules regarding plagiarism. It is alleged that Dr Inani's actions in respect of the First Assignment were dishonest.

The Second Assignment

6. On 2 September 2020 Dr Inani was due to submit a further assignment as part of the Course. However, due to personal circumstances Dr Inani had applied for and been

granted an extension of time for submission. He submitted the second assignment titled 'Critical Analysis of Foundation Programme Curriculum' on 16 October 2020 ('the Second Assignment'). Once again the assignment was submitted by the online Canvas platform. On this occasion a TurnItIn report identified that Dr Inani's submission was 74% similar overall and 72% similar to that of another student paper, which had been submitted by Dr C, on 2 September 2020. Professor D first identified the issue and conferred with Dr A about the same. Both were concerned that the work submitted by Dr Inani was not his own work and decided that they would need to open an investigation and meet with Dr Inani. Dr Inani was invited to two separate academic integrity meetings on 13 and 27 November 2020 but failed to attend either. Dr Inani will say that this is because he had moved jobs and no longer had the same NHS email account. As the University had notified Dr Inani of the meetings by email to his student university address, as was usual practice, when he did not respond or attend, the matter was escalated to the Misconduct Committee. This was because this was a second incident of plagiarism the matter was automatically identified as 'serious' as set out in the University's Code of Practice on Academic Integrity.

7. A referral was then made to the Misconduct Committee. A meeting was arranged for the Committee to meet on 14 April 2021 to consider whether the alleged plagiarism was proven and if it was, to consider what was the appropriate sanction to impose. Dr Inani was notified by email of the meeting and a copy of the Investigating Officer's report including the appendices was sent to him.
8. Dr Inani did not attend and did not notify the Committee that he would not be attending. The Committee decided to proceed in the absence of Dr Inani and reminded itself that it must not draw inference from the absence of Dr Inani. It had before it the investigatory report with attachments and heard from Professor D who presented the case and made a statement to the Committee. The Committee found the allegation of plagiarism proven on the balance of probabilities. It considered the appropriate sanction to impose would be to reduce the module mark to zero and that Dr Inani would not be allowed to have any further attempts at the assignment. Dr Inani was notified of the outcome of the meeting together with his right of appeal. He did not appeal the decision.
9. The University contacted the GMC to refer the matter and a completed referral form was submitted on or around 6 January 2022.
10. It is alleged that a large part of the text of the Second Assignment submitted by Dr Inani was very similar to a previously submitted essay by another student, Dr C. It is further alleged that at the time of submitting the Second Assignment, Dr Inani knew that a large part of the text of the Second Assignment was copied from the essay of another student; that he understood the University's rules regarding plagiarism; that he had been directed

to the University's guidance on plagiarism and provided with a copy of the University's code of practice on academic integrity. It is alleged that Dr Inani's actions in respect of the Second Assignment were dishonest.

The Outcome of Applications Made during the Facts Stage

11. At the outset of the hearing Dr Inani made an application that he be represented during these proceedings by Mr Sunil Inani, his father. Ms Shirly Duckworth, Counsel, on behalf of the GMC, made no objection. In order to identify whether Mr Inani was an appropriate representative for Dr Inani, the Tribunal asked Mr Inani questions as to his appropriateness. Mr Inani was asked about the list of 8 factors in the *Guidance for Representatives* which indicate that a person is not a suitable individual to be a representative. Mr Inani confirmed that none of those factors applied to him and that he fitted the criteria to represent Dr Inani. He also explained that he had owned an adult social care unit where he dealt with the Care Quality Commission on a regular basis. He said that he was aware of the requirements upon him.
12. The Tribunal considered that Mr Inani had a lack of familiarity with this process, and that he may struggle to understand the difference between questioning a witness and giving evidence on Dr Inani's behalf and making submissions at the appropriate time. The Tribunal was however satisfied that these matters were something it could manage and that there was no good reason as to why Mr Inani could not represent Dr Inani. It therefore granted the application.

The Allegation and the Doctor's Response

13. The Allegation made against Dr Inani is as follows:

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

1. On 30 September 2019 you commenced a part-time Postgraduate Certificate in Education for Health Professionals programme at the University of Birmingham ('the University'). **Admitted and found proved**

The First Assignment

2. On 7 May 2020 you submitted an assignment titled PG cert Assessment module ('the First Assignment') to the University.
Admitted and found proved

3. The First Assignment reproduced large portions of text from the work of others. **Admitted and found proved**
4. At the time of submitting the First Assignment you:
 - a. knew that it contained large portions of text from the work of others; **Admitted and found proved**
 - b. understood the University's rules regarding plagiarism. **To be determined**
5. Your actions as described at paragraph 2 were dishonest by reason of paragraphs 3 and 4. **To be determined**

The Second Assignment

6. On 16 October 2020 you submitted an assignment titled 'Critical Analysis of Foundation Programme Curriculum' ('the Second Assignment') to the University. **Admitted and found proved**
7. A large part of the text of the Second Assignment was very similar to a previously submitted essay by another student. **To be determined**
8. At the time of submitting the Second Assignment you:
 - a. knew that a large part of the text of the Second Assignment was copied from the essay of another student; **To be determined**
 - b. understood the University's rules regarding plagiarism; **Admitted and found proved**
 - c. had been:
 - i. directed to the University's guidance on plagiarism; **Admitted and found proved**
 - ii. provided with a copy of the University's code of practice on academic integrity. **Admitted and found proved**
9. Your actions as described at paragraph 6 were dishonest by reason of paragraphs 7 and 8. **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

14. At the outset of these proceedings, Dr Inani made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('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. During the course of cross examination and submissions Dr Inani made further admissions which are set out and identified below.

The Facts to be Determined

15. In light of Dr Inani's response to the Allegation made against him, the Tribunal went on to determine the remaining outstanding allegations against Dr Inani.

Witness Evidence

16. The Tribunal received witness statements and oral evidence on behalf of the GMC from the following witnesses, all by video link:
 - Professor E, Director of Education at the University's College of Medical and Dental Sciences, witness statement dated 1 June 2022;
 - Mr A, Senior Lecturer at the University's Medical School, witness statement dated 21 July 2023;
 - Professor D, programme lead for the masters course in education at the University, witness statement dated 10 June 2022;
 - Dr C, former fellow-student of Dr Inani, witness statement and supplemental witness statement, dated 29 June 2023 and 11 July 2023, respectively;
 - Mrs F, Student Conduct Officer at the University, witness statement dated 29 July 2023.
17. Dr Inani provided his own witness statement, undated, received by the GMC on 25 October 2023. In oral evidence Dr Inani confirmed his wish to amend this statement to include the words *"the University had an alternative email address by which it could have contacted me; which was an address which was last used to communicate with me in November 2019"*. His statement was duly amended and read into the record. Dr Inani also confirmed that subject to the mistakes identified in his Rule 7 response, dated 15

March 2023 he wished this also to be taken as part of his Evidence in Chief together with the emails contained in the bundle from him to the legal representative of the GMC. Dr Inani gave oral evidence at the hearing.

Documentary Evidence

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

- Postgraduate Certificate in Education for Health Professionals – Course Handbook (2019-2020);
- TurnItIn report for ‘PG cert Assessment module’, dated 7 May 2020;
- Screenshot of TurnItIn originality report in respect of the Second Assignment, undated;
- Correspondence from the University to Dr Inani, various;
- University Code of Practice, Academic Integrity, undated;
- Dr C’s assignment ‘A critical analysis of the Foundation Programme curriculum’, dated 2 September 2020;
- Dr Inani’s assignment ‘A critical analysis of the Foundation Programme curriculum’, dated 16 October 2020;
- Investigating officer’s reports, November 2020, 4 January 2021, 19 January 2021;
- Dr Inani’s Rule 7 response, dated 15 March 2023;
- Email exchanges with the GMC, various;
- Continuing Professional Development (‘CPD’) courses, various;
- Feedback from local faculty group at Royal Shrewsbury Hospital and professional colleagues.

The Tribunal’s Approach

19. The Legally Qualified Chair (LQC) gave legal advice to the Tribunal. 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 Inani 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.

20. The LQC stated that, where there were inconsistencies in the evidence of any of the witnesses, the Tribunal would use its own judgement to assess the credibility and reliability of the evidence. The LQC reminded the Tribunal that when assessing credibility, it was not just a question of witness demeanour or questions of plausibility and honesty. She reminded the Tribunal that it was not a memory test and it was not

uncommon to find that people had different recollections of the same events - even without the passage of time - and it did not necessarily follow that a witness was not credible or that they were not telling the truth. The LQC reminded the Tribunal that, where there was inconsistency between accounts given this did not by necessity lead to a finding of lack of credibility if the core of the account remained the same.

21. The LQC referred the Tribunal to the case of *Suddock v The Nursing and Midwifery Council* [2015] EWHC 3612 (Admin), in that:

“Whilst demeanour is not an irrelevant factor for a court or tribunal to take into account, the way in which the witness's evidence fits with any non-contentious evidence or agreed facts, and with contemporaneous documents, and the inherent probabilities and improbabilities of his or her account of events, as well as consistencies and inconsistencies (both internally, and with the evidence of others) are likely to be far more reliable indicators of where the truth lies. The decision-maker should therefore test the evidence against those yardsticks so far as is possible, before adding demeanour into the equation.”

22. The LQC stated that a Tribunal was entitled to draw inferences from what it has heard but it must not speculate on what other evidence may have been available or what other witnesses may have been called. The Tribunal bore in mind that inferences may properly be drawn from the evidence (that is to say common sense conclusions based on the available evidence), as established in the case of *Malhar Soni v GMC* [2015] EWHC 364 admin. The Tribunal must be mindful when drawing inferences, that it has been able to safely exclude as less than probable any other possible explanations given by the Doctor. It should only draw an inference if it can safely exclude other possibilities.
23. The LQC stated that, having regards to all the circumstances of the case, including the circumstances in which evidence was obtained, the Tribunal should have regard to any time delay in this case and whether that may have affected recollection.
24. When considering allegations of dishonesty, the Tribunal is directed to apply the test as set out by Lord Hughes at paragraph 74 of *Ivey v Genting Casinos* [2017] UKSC 67 which states:

“74. When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is

established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.”

25. Therefore, the Tribunal must ascertain (subjectively) the actual state of Dr Inani’s knowledge or genuinely held belief as to the facts at the material time. The Tribunal should then decide whether this was dishonest by the objective standards of ordinary decent people. If this is not established, then the Allegation would not be proved.
26. GMC Counsel has confirmed that a good character direction can be given. There are also some character references that have been drawn to the Tribunal’s attention. They can be considered, and the Tribunal can attach such weight on them as is considered appropriate.

The Tribunal’s Analysis of the Evidence and Findings

27. 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.

Paragraph 4b of the Allegation

4. At the time of submitting the First Assignment you:
 - b. understood the University’s rules regarding plagiarism.
Admitted and found proved

28. At the outset of this Hearing Dr Inani did not accept that he understood the University’s Rules on plagiarism. He accepted that he knew them by the time of the submission of his second assignment but not the first. However, during answers in cross examination, Dr Inani explained that the concept of plagiarism was not something that was new to him. He had by this time already completed his undergraduate degree, qualified as a doctor and was aware of the requirements set out in Good Medical Practice and his obligations in respect of the same. His position was that he had not read the section of the handbook on plagiarism that the University of Birmingham had provided. He explained in oral evidence that he had not done so probably because he believed that he already had a good understanding of what was required of him. In cross examination Ms Duckworth reminded Dr Inani that the Allegation was not that he had not read the handbook but rather was that he understood the University’s rules. Dr Inani accepted this and in response admitted

that at the time of the submission of the first assignment he did have an understanding of the University's Rules on plagiarism.

29. Dr Inani said that in respect of the First Assignment he did not try to deceive the University and in respect of the Second Assignment, it was an error of judgment and a situation that should have not happened. He accepted that he had received the Postgraduate Certificate in Education for Health Professionals Course Handbook when he started the course, but said that he did not familiarise himself with it as he thought it was around the time of the first wave of the COVID Pandemic. He accepted that he should have read the handbook prior to submitting the First Assignment, but there were certain limiting factors and much of the ward he was working on was redeployed to deal with the Pandemic. Ms Duckworth drew Dr Inani's attention to the fact that his course started in September of 2019 and the real impact on the Pandemic in the UK was from March 2020. Dr Inani said that work pressures played a part in him not familiarising himself with the handbook. Ms Duckworth asked Dr Inani whether he failed in his responsibility to ensure he was familiar with the handbook, Dr Inani again said that it was an error of judgement and that he should have done so.
30. Based on Dr Inani's admission in oral evidence the Tribunal agreed that it was an appropriate admission to make and determined that paragraph 4b of the Allegation was proved.

Paragraph 5 of the Allegation

5. Your actions as described at paragraph 2 were dishonest by reason of paragraphs 3 and 4. **Determined and found not proved**
31. In considering whether Dr Inani's actions were dishonest by reason of the fact that the First Assignment reproduced large portions of text from the work of others; and at the time of submitting the First Assignment he knew that it contained large portions of text from the work of others and understood the University's rules regarding plagiarism, it considered the background factors at that time.
32. The First Assignment was submitted on 7 May 2020. Due to the Covid 19 pandemic a blanket extension had been given to all students in respect of the submission of assignments. Following submission the Turnitin software identified a significant amount of the assignment as being the work of others. TurnItIn identified 40 sources of similarity in the assignment of Dr Inani. Dr Inani was invited to attend a meeting to discuss this by letter of 11 June 2020 which explained:

“...Your Assessment Module Written Assignment has been referred to me due to concerns which are that a several pieces of text match to various electronic sources available on the internet and have not been written in your own words and include some “unattributed copying” or “inadequate paraphrasing” from a variety of electronically available sources.”

33. During the Academic Integrity Meeting on 29 June 2020, with Dr A and Dr B, Dr Inani accepted that he had not properly paraphrased the text he had taken from other sources as well as he should have, but that he had cited all the references. He denied that he had taken shortcuts and described his actions as plagiarism by omission. He explained in the meeting that he had been experiencing difficulties of both a work and personal nature and that he had struggled with some of the materials relating to the first assignment. In light of the information given by Dr Inani on that occasion Doctors A and B concluded that although there was a significant amount of work of others included in the work of Dr Inani, this was a matter that could be treated as moderate plagiarism as it was the first occasion on which it had occurred and there did not appear to be any deliberate attempt to pass the work off as his own. Consequently, the matter could be concluded at local level and did not need to be referred to the Misconduct Committee. The outcome letter of 3 July included the following:

“...The concerns about your Assessment in healthcare education assignment were discussed and you were shown the Turnitin report and method of detection for your submission.

In discussing the concerns, you stated that time pressures caused by the Covid-19 crisis meant you had not had much time to spend on this assignment and this had led to short cuts in note taking. Additionally you had experienced difficulty in understanding some of the material. We discussed the need to demonstrate your understanding of the sources you use in your assignment by making sure you put the work into your own words. We noted the dangers of descriptively reporting what other studies contain. We also discussed the perils of writing your assignment in a rush and having sources open as you write. The benefits of allocating more time to reading and to synthesising information from various sources was also discussed. You were advised to ensure that you use resources to help you understand what constitutes plagiarism is and how to avoid it. The resources you have already accessed about undertaking a critical appraisal should also help.

Based on the evidence presented and the discussion in the meeting, a decision has been made that moderate plagiarism has occurred as per section 5.2.2 of the Code of Practice on Academic Integrity.

Sanction

In accordance with Section 6.2.1 (b) of the Code of Practice on Academic Integrity the sanction imposed is the resubmission of the assessment. The mark for the resubmission will be capped at a mark deemed appropriate by the Academic Integrity Officer and the cap shall be no lower than the pass mark. This resubmission counts as the same attempt under normal assessment regulations (Regulation 7). This means that you are required to resubmit the assessment by 2nd September, 2020 and the mark received for the assessment will be capped at 50%. The resubmission will count as the same attempt. The sanction reflects that there were numerous instances where relatively large portions of text were reproduced in your assignment, but also recognises that there has been no deliberate attempt to claim others' work as your own as you have cited and referenced your sources..."

34. In determining whether or not Dr Inani's actions were dishonest when he submitted his first assignment on 7 May 2020, the Tribunal reminded itself that notwithstanding the fact that Doctors A and B had found that Dr Inani did not intend to deceive the University when he did so, the Tribunal is not bound by that decision nor should it place undue reliance on the same. It is for the Tribunal to determine the issue in light of all the evidence it has before it today.
35. The Tribunal has heard from Dr A and Professor D about the way in which allegations of plagiarism are dealt with by the University and the different ways in which plagiarism can take place. The Tribunal noted that the plagiarism described in relation to the first assignment is different to that of the second assignment. Dr A described the plagiarism in the first assignment to be a case of poor academic practice. This was a case where Dr Inani had copied large sections of his resources into his notes and had then lifted the same from his notes into the assignment without putting them into his own words and correctly referencing and acknowledging the source. He did list all references but not in the correct way. It was for this reason that the two academics considering the incident determined that it amounted to moderate plagiarism which we were told by Professor D was classified as 'low level' plagiarism for the purposes of determining whether it should be escalated to the Misconduct Committee.
36. In oral evidence Dr Inani explained to the Tribunal that he was experiencing pressure at the time which meant that he did not give proper attention to his assignment. He relied on the pressures of working in a respiratory ward during the pandemic and the fact that he was struggling to understand some of the materials he had to consider for the assignment. Dr Inani also described how at the time of the first he had recently

experienced a bereavement in the family which had impacted on him. The Tribunal note that this is not referred to in the outcome letter and Dr Inani cannot recall whether he raised this with anyone else at the University. He does however recall that his colleagues at Hereford Hospital covered some of his sessions during that time including Dr C. However, this was not something that was raised with Dr C.

37. Whilst Dr Inani places great reliance on what Dr A and Dr B concluded in respect of the first assignment, it is a matter for the Tribunal to determine whether or not his actions were dishonest for the purposes of this hearing. The Tribunal did however have regard to the fact that both Dr A and Dr B had a greater understanding of the Turnitin system and the nature and extent of how plagiarism could occur in academic work and practice.
38. The Tribunal note that following the academic integrity meeting Dr Inani addressed his mind to the requirements of the assignment and was able to obtain a pass for the assignment. The Tribunal reminds itself that when this assignment was submitted Covid-19 remained a significant issue in the UK and hospitals remained under great pressure. The Tribunal accept that on the balance of probabilities Dr Inani may well have been struggling and perhaps should have brought these matters to the attention of his university professors. The fact that he did does not make his action dishonest. Given the circumstances of this particular allegation and the nature of the plagiarism involved, the Tribunal do not find that on the balance of probabilities there was a deliberate attempt by Dr Inani to pass the work off as his own. Whilst the Tribunal can see that there was matching text, Dr Inani had cited 38 references in the bibliography and the Turnitin report identified 37 text matched publications with a similarity index of 73%.
39. The Tribunal find on the balance of probabilities, the submission of Dr Inani's first assignment lacked the level of care and attention that was expected of students on the Course. He had failed to put his research into his own words and had failed to properly acknowledge and reference the work he used. The Tribunal find that this was poor academic practice. It is for this reason that the Tribunal find that on the balance of probabilities that Dr Inani's subjective state of mind at that time would not have even considered whether or not what he was doing was dishonest. The Tribunal find it would have been clear to anyone who understood the subject that this was not the work of Dr Inani even without sophisticated software such as Turnitin and had Dr Inani addressed his mind to that he would have known it.
40. For the reasons set out above and in the circumstances of this case the Tribunal find that by the objective standards of ordinary decent people, in the knowledge of all the

evidence in respect of the First Assignment, an ordinary members of the public would not consider Dr Inani's actions in this regard to amount to dishonesty.

41. The Tribunal therefore found paragraph 5 of the Allegation not proved.

Second Assignment

42. In respect of the second assignment the Tribunal noted that Dr Inani had maintained throughout that he had been unaware of an issue with his assignment because on 5 August 2020 he had moved jobs to work at Stoke Hospital and as a result he had been unable to access his previous NHS email because it had changed. In addition, he explained that he had not accessed his university email address because he had lost his password and had not attempted to recover it or create a new password. The Tribunal accept the evidence of the University that students were expected to regularly check their student emails. It is also not disputed that Dr Inani received a telephone call from a member of the administrative staff at the university to advise him that they had been trying to contact him. Although the assignment submitted on 16 October 2020 was the last of the assignments to be submitted as part of the Course the Tribunal note that from handing in the assignment Dr Inani made no attempt to contact the University to find out what mark he had attained or when he would be awarded the certificate for which he had studied. The Tribunal were satisfied that Dr Inani was aware that the University were attempting to make contact and meet with him because it is not disputed that he received the call from the administrative assistant in November 2020. Even if, as Dr Inani claims, he was working in a busy respiratory ward at the time of taking the call, it is not credible that he would not have followed up on such an important call and fail to engage with the University at all until he had been referred to his Regulator over twelve months later.
43. The Tribunal had regard to the facts and circumstances relating to the manner in which Dr Inani failed to engage with the University at this time when considering those parts of this Allegation that remain to be determined by the Tribunal.

Paragraph 7 of the Allegation

7. A large part of the text of the Second Assignment was very similar to a previously submitted essay by another student. **Determined and found proved**
44. During questions from Ms Duckworth Dr Inani agreed that the text of his assignment was significantly similar to the assignment of Dr C. He was reluctant however to accept that they were 'very' similar as worded in this paragraph of the Allegation. He accepted when questioned that the words 'very' and 'significantly' were the same in

this context and in his submission, Dr Inani had admitted this part of the Allegation in full.

45. Based on Dr Inani's admission in his submissions the Tribunal determined that paragraph 7 of the Allegation was proved.

Paragraph 8a of the Allegation

8. At the time of submitting the Second Assignment you:
- a. knew that a large part of the text of the Second Assignment was copied from the essay of another student;

Determined and found proved

46. Throughout this Hearing Dr Inani has been resolute in his position that he has never seen or had a copy of the assignment submitted by Dr C. In his written statement and in his Rule 7 response Dr C admits that he and Dr C "*worked together in researching the assignments and worked collaboratively in writing them*" It is the evidence of Dr Inani that

"It is that collaboration that resulted in the similarity between the two assignments. The other student submitted his assignment first only because there was a delay in me submitting my assignment due to extenuating circumstances mainly serious illness of loved ones and their demise, XXX who was very close to me"

47. In submissions Dr Inani accepted that such conduct was in breach of the University Rules on plagiarism and in submitting the work as his own he had been dishonest.
48. The Tribunal noted that the wording of the Allegation was not that Dr Inani had collaborated with another student but rather that he had copied the work he had submitted. Ms Duckworth confirmed that the GMC's case was that the work was copied and that the degree of collaboration needed to meet the definition of the word copied in this paragraph would require a finding that the essays had been simultaneously written with each student reading out what was written to each other. She confirmed that this was not the basis upon which the GMC pleaded this paragraph nor was it, she suggested, the evidence of Dr Inani that this had been the case.
49. The Tribunal heard from Dr C and Mr Inani was encouraged to question him, having been told the importance of challenging evidence that he did not agree with.

50. Dr C confirmed that he had been a student on the Course at the same time as Dr Inani and that they had worked together at the same hospital in the role of Clinical Teaching Fellows. Dr C accepts that they must have travelled to work on the train together although he was unable to recollect fully due to the passage of time. He confirmed that he was unaware of an occasion when Dr Inani would have seen his essay and explained that his essay was produced on his personal laptop which was password protected; he further confirmed that he had not shared his password with Dr Inani nor had he shared his password to the University portal with anyone. Dr C confirmed his understanding on the rules of plagiarism and his understanding that the second assignment was required to be worked on individually and without consultation or collaboration with other students. He confirmed that this is what he had done.
51. Dr C accepts that he and Dr Inani may have had some high-level conversation about the assignment such as the date that it was due for submission and what it was about but he does not remember any occasion when any specific parts of the essay were discussed.
52. Dr C was clear in oral evidence that he did not share this assignment with anyone aside from submitting it via the Canvas Portal to the university. He confirmed that his assignment was written on an individual basis and that he did not collaborate with anyone either for research or for writing. He further confirmed that he completed his assignment on his personal laptop and not on the shared computers in the library or in the workspace at the teaching hospital.
53. During the course of his own oral evidence Dr Inani expanded on his account of the collaboration that took place between him and Dr C. Dr Inani confirmed that he had never seen Dr C's essay and that he had no access to either Dr C's laptop or University Portal because both were password protected and he did not have those passwords. For the first time Dr Inani explained that he and Dr C would share and read articles together on the train and in their shared workspace. He further explained that they would make written papers notes about what they had discussed and worked in the library together 2-3 days per week. Towards the end of his oral evidence he told the Tribunal that he and Dr C read the same articles and made similar notes. He repeatedly described this as an error of Judgment and did not accept that it was in any way dishonest until submissions.
54. The Tribunal noted that this additional evidence had not been put to Dr C during cross examination and had only been raised after the GMC had closed its case. In particular, Dr Inani had not challenged Dr C's evidence that he and Dr Inani had little contact during this time and that he only travelled to work perhaps once or twice a week and

also worked from home. Dr Inani was unable to explain why he had not questioned Dr C on this additional evidence or why it had not been included in either his Rule 7 letter or his written witness statement which would have been expected of him.

55. The Tribunal had further careful regard to Dr Inani's account of when and where he produced his assignment. Dr Inani gave evidence that he left his job at Hereford to take up another position at Stoke Hospital, on 5 August 2020. He told the Tribunal that he had completed his essay before he left Hereford, but then changed his evidence to say that it was the end of August when he typed it up, on his own and at home. This is inconsistent with his later account that he and Dr C sat together writing down what they would put in the essay.
56. The Tribunal also noted that the submission date for this Assignment was 2 September 2020, which was the date on which Dr C submitted his assignment. The Tribunal accept that Dr Inani had been given an extension of time to submit his assignment because of extenuating circumstances. However, given that by his own evidence Dr Inani had completed his assignment in good time for the submission date of 2 September 2020, it is not credible that Dr Inani did not submit his completed assignment before the deadline extension of 16 October 2020. Dr Inani was unable to explain why he had not submitted his assignment when he had completed it and merely relied on the fact that he had been told he did not have to submit it until then.
57. The Tribunal then went on to carefully scrutinise the TurnItIn report and the assignments of both Dr C and Dr Inani in detail. It noted that the TurnItIn report identified 72% text matching a single source as opposed to the large number of sources identified in the first assignment. It found and agreed with the University that there was an obvious and significant part of the text of the Second Assignment from the essay of Dr C in Dr Inani's essay. The Tribunal was of the view that the extent of this similarity could not have arisen out of co-incidence or mere discussion of articles or notes.
58. In light of its findings of the extent of the similarity of Dr Inani's assignment to that of Dr C, the Tribunal considered whether it had occurred in the way described by Dr Inani or whether it had been copied by him without permission.
59. The Tribunal find for the reasons set out above, that Dr Inani has been prepared to embellish his evidence in order to show that this was a joint venture between him and Dr C and that it was not him acting alone in copying Dr C's assignment that led to the similarity. Dr Inani's account of what he says occurred has grown in the telling. It was not contained in his witness evidence and it was not put to Dr C. For these reasons and the inconsistencies set out above, the Tribunal has not found Dr Inani to

be a wholly credible witness. It prefers the evidence of Dr C and finds that the similarity in the text of the assignments was a result of copying and not collaboration.

60. Consequently, having made a finding that on the balance of probabilities Dr Inani copied the assignment of Dr C, it follows that he knew that the text was very similar to that of a previous submission.
61. The Tribunal determined that based on all the evidence before it, in particular with the 72% text match from TurnItIn from a single source appearing in Dr Inani's assignment, and having ruled out a collaboration, that Dr Inani did copy, and knew that he had copied the assignment of Dr C. It noted that it was not the role of this Tribunal to identify how or when Dr Inani copied Dr C's assignment.
62. The Tribunal therefore found paragraph 8a of the Allegation proved.

Paragraph 9 of the Allegation

9. Your actions as described at paragraph 6 were dishonest by reason of paragraphs 7 and 8. **Determined and found proved**
63. Dr Inani accepted that, by submitting the second assignment he was dishonest but only on the basis that he had collaborated with Dr C and not that he had copied his assignment. Whilst the Tribunal are unable to say how Dr Inani copied the text of Dr C's assignment, and it was not required to do so, the Tribunal do not, for the reasons set out above, accept that the work submitted by Dr Inani was just the product of collaboration. The Tribunal determined, that based on the evidence set out above, it was satisfied, that at that time Dr Inani submitted the Second Assignment on 16 October 2020 he knew that large parts of the text of the Second Assignment were very similar to a previously submitted essay by Dr C; were copied from the essay of Dr C; and that he understood the University's rules regarding plagiarism. It determined that on the balance of probabilities, he knew he was claiming another's work as his own and that this was an intentional act of deception.
64. Irrespective of the circumstances that did or did not prevail at the time of the submission of the second assignment the Tribunal find that that by the objective standards of ordinary decent people, in the knowledge of all the evidence already set out in this case, that ordinary members of the public would consider Dr Inani's actions in this regard to amount to dishonesty.
65. The Tribunal therefore found paragraph 9 of the Allegation proved.

The Tribunal's Overall Determination on the Facts

66. The Tribunal has determined the facts as follows:

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

1. On 30 September 2019 you commenced a part-time Postgraduate Certificate in Education for Health Professionals programme at the University of Birmingham ('the University'). **Admitted and found proved**

The First Assignment

2. On 7 May 2020 you submitted an assignment titled PG cert Assessment module ('the First Assignment') to the University.
Admitted and found proved
3. The First Assignment reproduced large portions of text from the work of others. **Admitted and found proved**
4. At the time of submitting the First Assignment you:
 - a. knew that it contained large portions of text from the work of others;
Admitted and found proved
 - b. understood the University's rules regarding plagiarism.
Determined and found proved
5. Your actions as described at paragraph 2 were dishonest by reason of paragraphs 3 and 4. **Determined and found not proved**

The Second Assignment

6. On 16 October 2020 you submitted an assignment titled 'Critical Analysis of Foundation Programme Curriculum' ('the Second Assignment') to the University. **Admitted and found proved**
7. A large part of the text of the Second Assignment was very similar to a previously submitted essay by another student.
Determined and found proved
8. At the time of submitting the Second Assignment you:

- a. knew that a large part of the text of the Second Assignment was copied from the essay of another student;
Determined and found proved
 - b. understood the University’s rules regarding plagiarism;
Admitted and found proved
 - c. had been:
 - i. directed to the University’s guidance on plagiarism;
Admitted and found proved
 - ii. provided with a copy of the University’s code of practice on academic integrity. **Admitted and found proved**
9. Your actions as described at paragraph 6 were dishonest by reason of paragraphs 7 and 8. **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 - 10/01/2024

67. 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 Inani’s fitness to practise is impaired by reason of misconduct.

The Evidence

68. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, Dr Inani provided evidence confirming his attendance this Sunday, 14 January 2024, on modules that will include probity and ethics, insight and remediation. These courses have been booked in the last 24 hours.

Submissions on behalf of the GMC

69. Ms Duckworth referred the Tribunal to the relevant legal principles it should consider when determining misconduct. She submitted that whilst, Dr Inani was not directly

acting in the course of his profession when working on the Course at the University it was nonetheless linked to his registration as a doctor. She submitted that in acting as he did in respect of both assignments he sought to gain an advantage over others in that the additional post-graduate qualification may have assisted him in the further advancement of his career. Ms Duckworth reminded the Tribunal that Dr Inani accepted he had general responsibilities as a postgraduate student which were in addition to the obligations he had under Good Medical Practice (2016) ('GMP'). She referred the Tribunal to the following paragraphs of GMP which she submitted 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.*
11. *You must be familiar with guidelines and developments that affect your work.*
12. *You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.*
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.*
70. In relation to the Tribunal's findings, and the admitted facts in respect of the first assignment, Ms Duckworth submitted that a finding that the doctor had not been dishonest does not mean that the plagiarism in those circumstances should automatically be considered as somehow less than deplorable as considered by members of the profession or the public. Ms Duckworth submitted that the Tribunal would have to determine whether the circumstances under which Dr Inani plagiarised his first assignment, excused his behaviour, or whether it remained so serious so as to amount to conduct which would be regarded as deplorable.
71. Ms Duckworth submitted that the relevance of the misconduct in relation to the second assignment was seriously aggravated by the plagiarism in the first assignment,

as despite the University firmly bringing its rules to his attention Dr Inani went on to plagiarise again.

72. In respect of the second assignment Ms Duckworth submitted that this was in flagrant breach of the University's rules and in breach of GMP, making it very serious indeed. She submitted that this was clearly deplorable and reminded the Tribunal that it had found this conduct to have been dishonest.
73. Ms Duckworth then referred the Tribunal to the relevant legal principles it should consider when determining impairment and to the overarching objective. She submitted that whilst there was no criticism of the doctor's clinical skills and abilities Dr Inani's dishonesty in relation to the submission of the second assignment had brought the profession into disrepute and that public confidence would be undermined if no finding of impairment were made.
74. Ms Duckworth said that the Tribunal could not discount the possibility of repetition in a case where there has not been full development of insight. Ms Duckworth submitted that misconduct in this case calls into question the integrity of both Dr Inani as an individual, and potentially the integrity of the institution responsible for the issuing of postgraduate degrees.
75. Ms Duckworth submitted that honesty, integrity and probity are fundamental tenets of the profession when considering whether Dr Inani has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession. She reminded the Tribunal that when considering whether Dr Inani has in the past acted dishonestly and / or is liable to act dishonestly in the future, the Tribunal has found dishonesty in respect of the second assignment.
76. Ms Duckworth submitted that this was a case where dishonesty has been a central issue and one where the Tribunal would have to consider the extent to which Dr Inani had been honest when giving evidence. Ms Duckworth referred the Tribunal to the relevant case law in respect of a rejected defence as set out in *Sawati v GMC*. Ms Duckworth submitted that there are two possible routes where a denial of allegations may count against a doctor. Where a defence is rejected it may lead to a finding of no insight and therefore no remediation. Ms Duckworth suggests that this would be wrong to equate denial with a finding of no insight and it is important for the Tribunal to consider whether the dishonest actions were a primary or secondary aspect of the case and whether a doctor merely sought to pursue an unmeritorious defence.
77. Ms Duckworth submitted that the assessment of the extent of Dr Inani's insight is a matter for the Tribunal having heard all of the evidence. She said that the Tribunal

had heard Dr Inani at several stages try to recognise the dishonesty and that it may think that was an attempt by him to show some insight. She said that the difficulty is the extent to which Dr Inani was able to demonstrate it on the facts of the case, particularly in light of the Tribunal's findings.

78. Ms Duckworth invited the Tribunal to consider the dishonesty in respect of the second assignment as central to this case. She also referred the Tribunal to its Stage 1 findings in which it found that Dr Inani had *“been prepared to embellish his evidence in order to seek to show that there was a joint venture between him and Dr [C]”*, and that the Tribunal identified several inconsistencies which drove it to find Dr Inani was not a wholly credible witness. She submitted that Dr Inani's insight falls so far short of allowing the Tribunal to conclude that there is no current impairment of fitness to practice and that a finding of impairment is required in the public interest.

Submissions on behalf of Dr Inani

79. Mr Inani submitted that Dr Inani has taken proactive steps to overcome his shortcomings by enrolling on a number of courses to remediate, and gain insight and display evidence of a low risk of repetition. He referred the Tribunal to the bundle in respect of additional courses Dr Inani has undertaken and the remediation bundle received at this stage of the hearing in respect of a probity and ethics course he will undertake this weekend.
80. Mr Inani submitted that since 2020, there has been no repetition of the behaviour or concerns of which Dr Inani has been accused and that he understood the gravity of the situation. Mr Inani submitted Dr Inani does not pose a risk to patients or the public. Mr Inani referred the Tribunal to the references and feedback from Dr Inani's employees and colleagues.
81. Mr Inani submitted that Dr Inani still maintains that he did not copy the work of another student and that his rejection of this is born out of truth, not a lack of insight or dishonesty. Dr Inani said that Dr Inani apologised to the University, the GMC and MPTS for his conduct and submitted that he had found the whole process extremely distressing and stressful and added that XXX. Mr Inani submitted that Dr Inani has reflected upon and learned from his mistakes and has gained insight. Mr Inani submitted that he believed this had been demonstrated by Dr Inani's engagement with the whole process. Mr Inani submitted that Dr Inani had professional discussions with his colleagues about professional values and expected behaviours on different occasions which, he submitted is part of the remediation process.

The Relevant Legal Principles

82. 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.
83. In approaching its decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious; and then, whether the finding of that misconduct which was serious could lead to a finding of impairment.
84. In deciding whether Dr Inani's fitness to practise is impaired, the Tribunal has exercised its own judgement and borne in mind the statutory overarching objective of the GMC set out in Section 1(1B) of the Medical Act 1983 to:
- a. Protect, promote and maintain the health, safety and well-being of the public;
 - b. Promote and maintain public confidence in the medical profession, and;
 - c. Promote and maintain proper professional standards and conduct for members of that profession.
85. The Tribunal must determine whether Dr Inani's fitness to practise is impaired today, taking into account Dr Inani'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 any likelihood of repetition.
86. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in her Fifth Shipman Report adopted by the High Court in *CHRE v NMC* and *Paula Grant* [2011] EWHC 297 (Admin). In particular, the Tribunal considered whether its findings of fact showed that Dr Inani's fitness to practise is impaired in the sense that he:
- 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.

87. The Tribunal also took into account the guidance of Mrs Justice Cox set out in the Grant case, specifically paragraphs 71 and 74 which state:

“71. ‘However, it is essential, when deciding whether fitness to practise is impaired, not to lose sight of the fundamental considerations ..., namely, the need to protect the public and the need to declare and uphold proper standards of conduct and behaviour so as to maintain public confidence in the profession.

...

74 In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.”

88. The Legally Qualified Chair gave detailed legal advice, accepted by both parties, in relation to misconduct and impairment with specific reference to the approach that the Tribunal should take when factual Allegations were denied.

The Tribunal’s Determination on Impairment

Misconduct

The First Assignment

89. The Tribunal first considered whether Dr Inani’s actions in respect of the first assignment submitted on 7 May 2020, amounted to misconduct. It reminded itself that it had found proved that; Dr Inani reproduced large portions of text from the work of others and that he knew the first assignment contained large portions of text from the work of others. Dr Inani had also accepted during oral evidence that he understood the University’s rules regarding plagiarism, a fact that the Tribunal had then found proved.
90. Dr Inani had, from an early stage, accepted that his actions amounted to plagiarism by omission. He also accepted that he had copied the work from other sources and had failed to paraphrase and acknowledge or reference the work correctly. The Tribunal reminded itself that despite its finding that Dr Inani had failed to exercise an expected

level of care and attention in the work he submitted, which amounted to poor academic practice, it had not found this conduct dishonest. The Tribunal do not agree with Ms Duckworth's submission that his actions gave him an academic advantage over others as his work was not accepted and he was required to submit the work afresh for marking and was restricted to a maximum mark of 50%. If there had been any advantage gained it was only that he was afforded an additional period of time for submission.

91. When considering the paragraphs of GMP referred to by Ms Duckworth, as set out above, the Tribunal determined that paragraph 11 was engaged in respect of the first assignment as Dr Inani had an obligation to be familiar with guidelines and developments that affect his work. Given the Tribunal's findings in respect of the first assignment the Tribunal did not consider that the remaining paragraphs of GMP were engaged.
92. The Tribunal determined that Dr Inani's actions in respect of the first assignment did amount to misconduct, but that it was not so serious as to be considered deplorable by fellow members of the medical profession. The Tribunal therefore determined that Dr Inani's actions in this regard did not amount to serious misconduct.

The Second Assignment

93. The Tribunal considered whether Dr Inani's actions in respect of the second assignment submitted on 16 October 2020, amounted to misconduct. It reminded itself of its proven findings of fact that had either been determined or admitted, at Stage 1. Those findings were that a large part of the text of the Second Assignment was very similar to a previously submitted essay by another student and at the time of submitting the Second Assignment Dr Inani knew that a large part of the text of the Second Assignment was copied from the essay of another student. The Tribunal had also found proved that Dr Inani had understood the University's rules regarding plagiarism and that he had been directed to the University's guidance on plagiarism following the first incident of plagiarism as set out above. The Tribunal also noted that it had found proved the fact that these actions were dishonest.
94. The Tribunal had regard to the fact that at the time of the events found proved, Dr Inani had only been qualified for a short period of time. However, the Tribunal was mindful that Dr Inani had previously fallen foul of matters relating to plagiarism following his first assignment and therefore his actions on this occasion were aggravated by the fact that he clearly knew that what he was doing was wrong.

95. The Tribunal was satisfied that Dr Inani's actions as found proved were a fundamental breach of the tenets of the profession and also breached paragraphs 1, 11, 12, 65 and 71a and b, of GMP, as set out above.
96. The 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.
97. The Tribunal observed that this would also have been the case had the Tribunal found that Dr Inani had collaborated with another student, as was his case, as the extent to which collaboration would have been needed to achieve the level of similarity of work produced would have been extensive and required a 'copying' between the two and the submission of the work as one's own would have been a false declaration.

Impairment

98. Having determined that Dr Inani's actions in respect of the second assignment amounted to serious misconduct, it went on to consider whether that misconduct should lead to a finding that Dr Inani's fitness to practise is currently impaired. It went on to consider whether Dr Inani's actions were remediable, have been remedied and whether there was a risk of repetition.
99. The Tribunal reminded itself that dishonesty is difficult to remediate. It considered the seriousness of Dr Inani's dishonesty and reminded itself of the stage of Dr Inani's career. It again noted that this was a single incident of dishonesty and that there has been no evidence of any repetition. Having considered these factors the Tribunal was satisfied that Dr Inani's misconduct was remediable.
100. The Tribunal then went on to consider whether Dr Inani's misconduct has been remedied. It had regard to courses he has undertaken as referred to by Mr Inani. The Tribunal noted that Dr Inani had undertaken, a 5-day Academic Integrity Course on plagiarism, on 7 October 2023. It also noted evidence of other courses which are not dated. However, Dr Inani has not provided any information that demonstrates what he has learned from these courses or how the courses have assisted him in understanding the reasons for his actions and how he might have done things differently or what steps he had identified to prevent him from repeating the same behaviour if placed in the same or similar situation in the future. In respect of the course which is due to take place on 14 January, the Tribunal are encouraged by this booking but note that it had only been booked in the early hours of this morning

following the handing down of the Tribunal's determination on facts. It is nonetheless an indication of Dr Inani's willingness to further understand his actions.

101. When considering Dr Inani's insight, the Tribunal considered there was little evidence before it of his understanding of the gravity of his misconduct or the impact on the public and medical profession.
102. Until late on in the hearing Dr Inani had refused to accept that he knew the University rules on plagiarism, refused to accept that the work of another was similar to his assignment. During oral evidence he introduced additional evidence which was only given after the witness who could have responded to his assertions had already given his evidence and the GMC had completed the presentation of its case. The Tribunal noted that Dr Inani did ultimately accept some of the allegations and that he had been dishonest in respect of the second assignment, albeit on a different basis. However, whilst there is some evidence of acceptance and insight the Tribunal found that he was only just beginning that journey. Dr Inani is clearly a competent clinician but belonging to the medical profession brings with it responsibilities and standards of behaviour. Whilst academic intelligence is needed to qualify as a doctor, emotional intelligence is also needed in order to understand the standards of behaviour expected.
103. The Tribunal determined therefore that Dr Inani's level of insight was low, that he was only just beginning his journey and that there was a lot more work to do.
104. In respect of whether there was a risk of Dr Inani repeating dishonest conduct in the future, the Tribunal noted there has been no repetition since the submission of the second assignment. The Tribunal were concerned that Dr Inani had repeated his mistakes from the first assignment when he submitted the second assignment, which indicated that Dr Inani had not learned from his previous mistakes at that time. Consequently, the Tribunal determined that given his level of insight, it could not be satisfied that there was not a risk of repetition.
105. The Tribunal concluded that a finding of impairment is 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.
106. The Tribunal has therefore determined that Dr Inani's fitness to practise is currently impaired by reason of his misconduct.

107. Having determined that Dr Inani'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

108. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction. In addition, Dr Inani provided two certificates of completion of a Probity and Ethics course, a module on insight and a module on remediation, both dated 9 January 2024.

Submissions on behalf of the GMC

109. Ms Duckworth reminded the Tribunal of its findings at Stage 2 that in respect of the second assignment Dr Inani breached fundamental tenets of the profession, and breached paragraphs 11, 12, 65 and 71a and b of Good Medical Practice (2013) ('GMP'). She accepted that the Tribunal had determined that the misconduct was capable of being remediated, but that it had not been, and that the Tribunal had determined that it could not discount the possibility of repetition. Ms Duckworth submitted that although the Tribunal had found little evidence of Dr Inani's understanding of the gravity of his misconduct or the impact upon the public and medical profession, and agreed with the Tribunal that his level of insight was low and that he was just beginning his journey to develop insight but that there was a lot more work to do.

110. Ms Duckworth acknowledged Dr Inani's efforts to identify courses which may help him develop his level of insight and assist him to remediate, albeit at a very late stage of the proceedings, but submitted that this was insufficient to demonstrate insight as he had not yet demonstrated how his insight had developed from his learning on appropriate courses. Ms Duckworth reminded the Tribunal that the main reasons the Tribunal may determine it appropriate to impose a sanction on the doctor's registration was to protect the public. She referred the Tribunal to the overarching objective and to the relevant paragraphs in the 'Sanctions Guidance' (SG) when determining what would be an appropriate and proportionate sanction.

111. Ms Duckworth referred the Tribunal to the relevant paragraphs of the SG when considering mitigating and aggravating factors. She submitted that these include; *"Evidence that the doctor understands the problem and has insight, and of their attempts to address or remediate it. This could include the doctor admitting facts relating to the case"*. She submitted that there was evidence that Dr Inani wants to understand the problem and develop insight and that he has taken steps to address those matters. She

submitted that although Dr Inani had admitted some of the facts at the first stage of the proceedings, he did not admit the issues most central to the case. Ms Duckworth acknowledged that Dr Inani was currently adhering to important principles of good practice in his clinical work, and that the Tribunal could take account of his character as set out in his references, and the absence of any previous findings against him. By way of further mitigation Ms Duckworth reminded the Tribunal of the circumstances leading up to the concerns before this Tribunal which included the COVID-19 Pandemic and the deaths of close family relatives. In addition, she referred to matters as set out in the SG which included work related stress, the lapse of time since the submission of the second assignment and the early stage of Dr Inani's career. She submitted however that whilst these might offer some explanation, they did not excuse his conduct.

112. In respect of insight Ms Duckworth referred the Tribunal to the relevant paragraphs of the SG which refer to insight and remediation. She submitted that whilst insight may amount to an aggravating factor, this was not a case where Dr Inani has wholly refused to accept his mistakes or refused to apologise. She submitted that whilst there have been efforts by Dr Inani to remediate, it was not merely participation in the course that is required, but properly learning and then applying that learning from any courses undertaken. When considering cases where the doctor does not demonstrate the timely development of insight and fails to tell the truth during the hearing, Ms Duckworth referred the Tribunal to the case of Sawati, as comprehensively dealt with at Stage 2. She submitted that this had relevance at this stage of the proceedings. She then referred the Tribunal to the relevant paragraphs of the SG in respect of dishonesty.

113. Ms Duckworth submitted that taking no action in this case was not appropriate as there were no exceptional circumstances. She further submitted that conditions were not appropriate in a case such as this which also included dishonesty as there were no conditions that would be appropriate, proportionate, workable or measurable.

114. Ms Duckworth submitted that a period of suspension at the higher end of that available to the Tribunal would be an appropriate sanction. In doing so she referred the Tribunal to the relevant paragraphs of the SG:

*"92. suspension would be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and to 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..."*and that,

"93. suspension may be appropriate. For example, where there may have been an acknowledgement of fault".

115. Ms Duckworth submitted that Dr Inani has taken several steps in his evidence to acknowledge his fault, although he has not fully done so. She said that the Tribunal may think that with proper and full remediation the behaviour is unlikely to be repeated.

“where the behaviour includes a serious breach of GMP but where the doctor's misconduct is not fundamentally incompatible with their continued registration...that the breach is serious enough that any sanction lower than suspension would simply not be sufficient to protect the public or maintain confidence in doctors”, “suspension may be appropriate in cases where there is no evidence that demonstrates remediation is unlikely to be successful”,

116. Ms Duckworth submitted that this is not a case where there has been a repeat of behaviour which amounts to serious misconduct. She said that this is not a case where the doctor has refused to acknowledge any fault at all, and that there is a lack of any evidence of repetition of similar behaviour since the incident. Ms Duckworth submitted that the Tribunal may determine that Dr Inani has limited insight, but that he does at least have some.

117. Ms Duckworth submitted that this is not a case where there was an identifiable risk to patient safety but that there was a risk to public confidence. She submitted that a period of suspension at the upper end is appropriate and that it would be appropriate to direct a review hearing. She submitted that Dr Inani's case fell just short of those factors which suggest erasure as the appropriate sanction.

Submissions on behalf of Dr Inani

118. Dr Inani submitted that in the light of the findings of the Tribunal, he has accepted the seriousness of his misconduct, which he accepts should have never occurred, and for which he was truly sorry. He said that he has tried to remediate his wrongdoing by undertaking specific modules of the probity and ethics course, though he acknowledged the issue of timing. He said that his intention to remediate was genuine.

119. Dr Inani submitted that he was aware that probity and ethics are fundamental tenets in medicine and were vital to ensuring patient safety and maintaining public trust and confidence in the profession. He said that insight was needed at all times and was an essential skill required by a doctor to demonstrate good medical practice. He said that by undertaking these courses, he was trying to express his remorse and demonstrate his willingness to learn and develop as a person and a doctor.

120. Dr Inani reminded the Tribunal that it had recognised that there was no repetition of this misconduct since October 2020. He said that this was because he had learned from his mistakes and made sure that he did not repeat it in the future. He said that he has provided evidence of his continued involvement in medical education and he referred the Tribunal to the evidence he has provided during this hearing.

121. Dr Inani said that he would like to reassure the Tribunal that this is a lesson learned which he will not repeat. He said that he would welcome any guidance from the Tribunal and the GMC as to how he might allay their concerns. He said that he wanted to assure the Tribunal, the GMC and his colleagues of his intention to improve and be a better person and clinician.

The Tribunal's Determination on Sanction

122. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal alone, exercising its own judgement. In reaching its decision, the Tribunal has taken GMP and the SG into account and has, at all times, borne in mind the overarching objective.

123. The Tribunal reminded itself that the main reason for imposing any sanction is to protect the public and that sanctions are not imposed to punish doctors, even though they may have a punitive effect. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Inani's interests with the public interest.

124. Before considering what, if any, action, to take in respect of Dr Inani's registration, the Tribunal had regard to any aggravating and mitigating factors in this case.

Aggravating Factors

125. Whilst Dr Inani's misconduct amounted to a single episode of dishonesty, it was nonetheless serious and was aggravated by his previous plagiarism when he submitted the first assignment. The Tribunal were mindful of the fact that only a few months previously Dr Inani had been required to answer issues relating to plagiarism and he had been firmly reminded by the University of its rules on the same. Whilst initially denied, Dr Inani accepted in oral evidence, that at that time of the submission of his first assignment he knew the rules of plagiarism from other experiences and that by the time he submitted the second assignment he had read the section of the University handbook on plagiarism. But notwithstanding this, he went on to plagiarise the work of another for the second assignment, which he then passed off as his own work.

126. The Tribunal acknowledged that Dr Inani had a right to defend himself and that it was for the GMC to prove its case on the balance of probabilities. However, Dr Inani attempted

to deflect responsibility for own actions and considered himself unfairly pursued by the GMC. In addition, Dr Inani presented his evidence of the collaboration he relied on in a piecemeal fashion. In doing so he had failed to make full and candid disclosure of the circumstances in which his account of collaboration took place until the hearing itself, and at a time when the GMC had already closed its evidence for the first stage of the proceedings. The Tribunal was of the view that Dr Inani was not an inherently dishonest person but, found that he had been reticent to be candid during the course of these proceedings.

Mitigating Factors

127. The Tribunal accepted that Dr Inani may have been somewhat naive in doing what he did and may not have realised that his actions were serious, on the misunderstanding that they were not related to his clinical practise or his professional life. The Tribunal was of the view that the fact that his professional responsibilities go beyond his work in a clinical setting may only now be dawning on him. Dr Inani has fully accepted the Tribunal's decision and now recognises the seriousness of his actions. It is clear that he is also anxious to remediate his actions and develop the necessary level of insight required of a medical doctor. The Tribunal was satisfied that Dr Inani was genuine in his wish to right his wrongs and that his intentions were the first 'green shoots' of insight into his actions.
128. The Tribunal also regarded as mitigating factors, the fact that Dr Inani was at a very early stage of his career when this misconduct took place, which is now over three years ago, and as a junior doctor he was working in a clinical setting during the Covid-19 pandemic. The Tribunal considered that the environment in which staff worked at this time would have been stressful for even the most experienced clinicians and a junior doctor at the start of their career may well have been very stressed by the demands placed on practitioners working in a clinical setting at that time. Added into this equation Dr Inani experienced the personal loss of family members around the time of his misconduct.
129. Dr Inani has made genuine expressions of regret and remorse for his actions on a number of occasions during the hearing. He has also made admissions to some of the allegations against him at the outset of the hearing including that he had acted dishonestly when he submitted the second assignment, albeit not to the proposition pursued by the GMC. Whilst his level of insight is low and he is at the start of his journey, he has expressed that he wants to learn and understand how he can develop insight, remediate his conduct and be able to demonstrate his willingness to develop as a doctor.

130. The Tribunal noted the steps taken by Dr Inani to remediate and the timing of the same. However, Dr Inani must understand that whilst this was positive action on his part remediation is not just a matter of attending and completing courses but rather to learn and be able to demonstrate what he had learned and how his insight has developed his understanding of how his actions have not only impacted on others as well as himself. He would also need to demonstrate how his learning has changed the way he thinks and interacts in terms of his integrity in both his professional and personal life.

131. The Tribunal has taken the above factors into account in considering the appropriate sanction under the SG. It considered each sanction in ascending order of severity, starting with the least restrictive.

No action

132. The Tribunal first considered whether to conclude the case by taking no action. Taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances. The Tribunal determined that no exceptional circumstances had been advanced that would make such an outcome appropriate. Taking no action would not be sufficient, proportionate, or in the public interest to conclude this case which would otherwise enable Dr Inani to continue to practise without restriction when the Tribunal had identified an ongoing risk of repetition of his misconduct.

Conditions

133. The Tribunal next considered whether to impose conditions on Dr Inani's registration. It bore in mind that any conditions imposed would need to be appropriate, proportionate, workable, and measurable. In the light of its findings, the Tribunal determined that it would not be possible to formulate a set of appropriate or workable conditions which could adequately address Dr Inani's misconduct and dishonesty. In any event, the Tribunal concluded that a period of conditional registration would not be a sufficient, appropriate, or proportionate sanction to satisfy the public interest.

Suspension

134. The Tribunal went on to consider whether it would be appropriate and proportionate to suspend Dr Inani's registration.

135. The Tribunal considered the SG in relation to suspension including paragraphs 91 and 92, which state:

'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 unbefitting 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 (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).'

136. The Tribunal recognised that a sanction of suspension does have a deterrent effect and can be used to send a signal to Dr Inani, the profession, and the public about what is regarded as behaviour unbefitting a registered doctor. It also acknowledged that suspension is an appropriate response to misconduct which is sufficiently serious that action is required in order to maintain public confidence in the profession, but which falls short of being fundamentally incompatible with continued registration.

137. The Tribunal considered that Dr Inani's misconduct amounted to a single episode of dishonesty which was a serious breach of a fundamental tenet of the medical profession and of GMP. It was satisfied that he is not an inherently dishonest person and that he is genuine in his expressed intention to remediate his actions and develop both as a doctor and an individual. The Tribunal found that he had already begun the journey to develop his level of insight and was anxious to continue on that journey.

138. In order to satisfy itself that suspension was an appropriate sanction to impose, the Tribunal then considered the sanction of erasure. The Tribunal was mindful that some of the features in the SG relevant to erasure were present in this case notably the serious departure from GMP and Dr Inani's disregard for those principles. However, having concluded that Dr Inani's misconduct was not fundamentally incompatible with continued registration for the reasons set out above which include the fact that this was a single episode of dishonesty and Dr Inani had demonstrated his willingness to engage in remediation, the Tribunal was 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. Imposing a period of suspension would prevent Dr Inani from returning to

unrestricted practise until such time as a reviewing Tribunal considered that he was fit to do so.

139. The Tribunal therefore determined that Dr Inani's registration should be suspended for a period of 6 months. The Tribunal was satisfied that a suspension of Dr Inani's registration for this period will send a clear message to Dr Inani, the profession, and the wider public that dishonesty constituted behaviour unbecoming a registered medical practitioner and will be taken seriously. It will also give Dr Inani the opportunity to fully develop his insight into his misconduct and remediate his failings as well as giving him time to complete any professional development needed in order to ensure that his medical knowledge is up to date on his return to unrestricted practice.

140. The Tribunal determined to direct a review of Dr Inani's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Inani to demonstrate how he has developed his insight and remediated his failings and that he is fit to return to unrestricted practice. As part of this process Dr Inani may find it beneficial to identify a senior clinician, perhaps someone to whom he might aspire and whose standards he respects, to discuss the responsibilities that come with belonging to the medical profession and is able to offer guidance on his journey to develop insight, and develop further emotional intelligence and responsibility as a member of the medical profession.

141. In addition, it may assist the reviewing Tribunal if Dr Inani provides 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.

Determination on Immediate Order - 11/01/2024

142. Having determined to suspend Dr Inani's registration for a period of 6 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Inani's registration should be subject to an immediate order.

Submissions

143. On behalf of the GMC, Ms Duckworth submitted she is not inviting the Tribunal to impose an immediate order. She said that there is no interim order to revoke.

The Tribunal's Determination

144. 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 or is otherwise in the public interest or is in the best interests of the practitioner. It has also considered the guidance given in paragraphs 172, 173, and 178 of the SG relating to immediate orders:

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.

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.

...

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.

145. The Tribunal determined that the substantive order properly marks the seriousness of Dr Inani's misconduct and upholds the overarching objective in maintaining public confidence in the profession and maintaining proper professional standards. It 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 would not be necessary in this case.

146. The Tribunal therefore determined not to impose an immediate order of suspension on Dr Inani's registration.
147. This means that Dr Inani's registration will be suspended 28 days from the date on which written notification of the substantive decision is deemed to have been served, unless he lodges an appeal. If Dr Inani does lodge an appeal, he will remain free to practise unrestricted until the outcome of any appeal is known.
148. There is no interim order to revoke.
149. This concludes the case.