

Dates: 04/03/2020 - 06/03/2020

Medical Practitioner's name: Dr Mona HOSNY
GMC reference number: 6137088
Primary medical qualification: MB BCh 1991 Ain Shams University

Type of case
Restoration following disciplinary erasure

Summary of outcome

Restoration application granted. Restore to Medical Register.

Tribunal:

Legally Qualified Chair	Mr Tim Bradbury
Medical Tribunal Member:	Dr Shazad Amin
Medical Tribunal Member:	Professor William Roche
Tribunal Clerk:	Ms Lauren Duffy

Attendance and Representation:

Medical Practitioner:	Present and not represented
Medical Practitioner's Representative:	N/a
GMC Representative:	Mr Hugh Davies, Counsel, instructed by GMC legal

Attendance of Press / Public

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

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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 RESTORATION- 06/03/20

1. Dr Hosny has applied to the General Medical Council (GMC) for the restoration of her name to the Medical Register following her erasure in 2012. A previous application for restoration by her was rejected following a Medical Practitioners Tribunal in June 2018.

2. This Tribunal has convened to consider Dr Hosny's second application for her name to be restored to the Medical Register in accordance with Section 41 of the Medical Act 1983 (as amended) and Rule 24 of the GMC (Fitness to Practise) Rules 2004 (as amended)('the Rules').

Background

The 2010 Panel

3. Dr Hosny's case was first considered by a fitness to practise Panel in November and December 2010 ('the 2010 Panel').

4. At the 2010 hearing Dr Hosny admitted that, between March 2008 and July 2009 she sent a reference, dated 28 March 2008, from Dr A (sic), Clinical Lead of Anaesthetics at Lincoln County Hospital, to five recruitment agencies. Dr Hosny admitted that she represented to the agencies that the reference was genuine. The 2010 Panel found that Dr Hosny's representations were false and dishonest and concluded that she had created the false reference for the purposes of expediency in order to obtain locum posts on her return to the UK.

5. Dr Hosny further admitted that in July 2010, she submitted written applications for employment to Barts and the London NHS Hospitals NHS Trust and North Devon Healthcare Trust and that in the applications she failed to disclose that she was at the time the subject of GMC fitness to practise proceedings and that her registration was subject to conditions imposed by a GMC Interim Orders Panel ('IOP'). The 2010 Panel found that her conduct in this regard was dishonest and a breach of condition 10(d) of the conditions imposed on her registration by the IOP on 21 May 2010.

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6. The 2010 Panel found that Dr Hosny's fitness to practise was impaired by reason of misconduct, specifically her dishonesty in creating a false reference and her completion of application forms without declaring that her registration was subject to conditions.

7. The 2010 Panel determined to suspend Dr Hosny's registration for a period of 12 months. In reaching its decision, the 2010 Panel was of the view that the two counts of dishonesty were not similar given the context of each. In respect of the false reference, it considered that it should be viewed in the context that Dr A had provided a genuine positive reference for Dr Hosny between March 2008 and July 2009 which was written in more positive terms than the fake reference. In respect of Dr Hosny's applications for employment, the 2010 Panel accepted her evidence that she had always intended to declare the IOP conditions once she had received an offer of employment. It noted that, following a telephone interview, she had sent an email, dated 25 August 2010, to Barts and the London NHS Trust explaining that her registration was subject to conditions. It also noted that she had notified locum agencies regarding the conditions on her registration and had updated her CV to this effect.

8. The 2010 panel considered that Dr Hosny had started to demonstrate elements of insight into her misconduct. The 2010 Panel was of the view that personal standing and status were extremely important to Dr Hosny and that anything which threatened or impinged upon this would be regarded by her as a gross insult. It considered that Dr Hosny could not face the impact of the GMC allegations and that she internalised and dealt with them in her own way. It also noted her personal circumstances and hardship at the time of the events and took into account the positive references and comments from hospitals at which she had worked and the agencies with which she was registered. It determined that, in the particular circumstances of her case, a period of suspension would send out a strong message to the profession that such misconduct was serious, and a period of suspension would be sufficient to declare and uphold proper standards of conduct and behaviour.

9. Dr Hosny lodged an appeal against the decision. At the appeal in May 2011, she continued to deny the allegations of dishonesty. The appeal was dismissed, and the period of suspension took effect on 17 May 2011.

The 2012 Panel

10. Dr Hosny's case was reviewed by a FTP Panel in April 2012 ('the 2012 Panel'). The 2012 Panel was also asked to consider a new allegation of dishonesty.

11. At the 2012 hearing Dr Hosny admitted that, in February 2011, she submitted applications for employment to Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust and Mid Yorkshire Hospitals NHS Trust. The 2012 Panel found that she had failed to disclose that: she was at the time the subject of GMC fitness to practise proceedings; her registration was subject to an order of suspension imposed on

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16 December 2010, not yet in force due to an ongoing appeal; her registration had been subject to interim orders of suspension (IOP suspension orders) between 19 April 2010 and 21 May 2010 and 6 September 2010 and 16 December 2010 and that gaps in her employment history were, at least in part, a result of the IOP suspension orders.

12. The 2012 Panel found that Dr Hosny's conduct in this regard was dishonest and misleading. In respect of the suspension imposed on 16 December 2010, the 2012 Panel rejected her explanation that she thought that she was not subject to proceedings at the time because she had appealed the 2010 Panel decision. It noted that she was aware that the appeal had not yet been heard and it considered that it must therefore have been obvious to her that the proceedings were ongoing. In respect of the IOP suspensions, the 2012 Panel considered that the relevant question on the application forms clearly covered any suspension or conditions imposed by the GMC, which would necessarily include IOP orders.

13. In considering the question of impairment, the 2012 Panel was satisfied that Dr Hosny had taken the steps directed by the 2010 Panel. However, it was concerned that she had repeated the very behaviour which had resulted in a finding of impairment within two months of the 2010 hearing by omitting relevant material from application forms. It was satisfied that the repetition of her dishonest conduct amounted to misconduct. The 2012 Panel noted Dr Hosny's evidence that she did not accept the findings of the 2010 Panel, her statement that the findings were made only on the balance of probabilities and she claimed that she had evidence to disprove the finding of dishonesty. This was notwithstanding the fact that an appeal of the 2010 determination had been dismissed by the Administrative Court by the time of the 2012 hearing. The 2012 Panel considered that Dr Hosny had demonstrated a *'complete lack of insight'* and it concluded that her fitness to practise was impaired.

14. The 2012 Panel noted that, although she stated in her evidence before it that she was sorry and understood the issues, she had also stated two days previously that she did not accept the findings of the 2010 Panel and that she did not accept that she had acted dishonestly in the new matters before the Panel. It considered that her repeated dishonest conduct, her lack of insight and her propensity to act recklessly might amount to an attitudinal problem. The 2012 Panel was not satisfied that a further period of suspension would be sufficient to maintain public confidence in the medical profession or to declare or uphold proper standards of conduct and behaviour. It determined to erase Dr Hosny's name from the Register.

First restoration application – June 2018

15. Dr Hosny's first application for restoration was considered by a Medical Practitioners Tribunal in June 2018 ('the 2018 Tribunal'). The 2018 Tribunal determined to refuse Dr Hosny's application.

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16. The 2018 Tribunal was satisfied that Dr Hosny felt '*deep shame*' for her actions and that there had been no evidence of any repetition. However, it was not satisfied that Dr Hosny had developed sufficient insight or that she had undertaken the required remediation. Whilst the 2018 Tribunal acknowledged that Dr Hosny had admitted to falsifying the reference, it was concerned that this admission was not included in her reflective statement and Dr Hosny only appeared to admit this in cross-examination during the hearing itself. Further, the Tribunal did not consider that Dr Hosny fully appreciated the impact that her dishonesty would have had on the profession and the public. The 2018 Tribunal noted that it would have been assisted by evidence of any ongoing reflective process that Dr Hosny had gone through in relation to her dishonesty, such as a reflective diary setting out the circumstances in which her dishonesty arose and why and how she would do things differently in the future.

17. The 2018 Tribunal noted that since Dr Hosny's name was erased from the Register she had returned to practise in Cairo and also worked as a locum in Kuwait and the United Arab Emirates. The 2018 Tribunal had regard to the evidence of Continuing Professional Development ('CPD') that Dr Hosny provided which included a course on medical ethics. It also had regard to the references provided on her behalf. It was satisfied that Dr Hosny had provided evidence that she had kept her medical skills and knowledge up to date. The Tribunal expressed concern that Dr Hosny had not provided evidence that she had kept her knowledge of clinical practice *in the UK* up to date.

18. Having considered the evidence before it, the 2018 Tribunal concluded that, the evidence of Dr Hosny's insight and remediation was insufficient to enable it to be satisfied that there would be no repetition of her dishonesty and that she was fit to return to unrestricted practise. Accordingly, the 2018 Tribunal refused Dr Hosny's application for the restoration of her name to the Register.

The current hearing

Evidence

19. The Tribunal was provided with the determinations of the 2010 and 2012 Panels, transcripts from those hearings and a copy of the appeal judgment, dated 17 May 2011. The determination of the 2018 restoration hearing, transcripts from that hearing and a copy of Dr Hosny's second application for restoration, dated 13 July 2019, were also provided.

20. The Tribunal was also provided with supporting documentation submitted on Dr Hosny's behalf, which included (but was not limited to):

- Certificate of good standing – Egyptian Medical Syndicate, dated 24 June 2019;

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- Reflective statement by Dr Hosny, dated 10 January 2020;
- Reflection diary and reflection with various colleagues;
- Reflection with Dr Hosny’s mentor, Dr B, Assistant Professor of Anaesthesia, Ain Shams University;
- Testimonial from Dr C, Assistant Professor, Ain Shams University, dated 14 December 2018;
- Testimonial from Ms D, AUC Press, Senior Web Editor, dated 12 January 2020;
- Various overseas and UK references in support of Dr Hosny, dated between 2007 and 2020;
- Email correspondence from Dr Hosny to Dr A, dated 14 July 2018;
- Various invitations for Dr Hosny to participate in a range of conferences;
- Material relating to online courses undertaken by Dr Hosny;
- Various research publications;
- Various CPD certificates and programmes in respect of Conferences and Congresses attended by Dr Hosny; and
- ‘Guidelines for the provision of Anaesthesia services from the Royal College of Anaesthetists’.

21. Dr C and Ms D were called to give evidence via telephone on behalf of Dr Hosny. In addition, Dr Hosny gave oral evidence, at the hearing and was cross examined by, Mr Davies, GMC Counsel.

Submissions

22. On behalf of the GMC, Mr Davies submitted that the GMC’s position on whether Dr Hosny is fit to return to unrestricted practise was neutral.

23. Mr Davies reminded the Tribunal that Dr Hosny was erased following a number of findings of dishonesty linked to her clinical practice.

24. Mr Davies asked the Tribunal to consider whether Dr Hosny has developed complete insight and whether her insight is genuine. He reminded the Tribunal that it was Dr Hosny’s own evidence that she had realised that her conduct was dishonest soon after being erased from the Medical Register in 2012. He submitted that this gives rise to the question as to why, from the outset of the first restoration hearing, Dr Hosny did not express this. Mr Davies submitted that, whilst Dr Hosny stated she had admitted her dishonest conduct to her close friends and colleagues, this is very different to making a formal admission before her regulator. Mr Davies submitted that the Tribunal should thus take into account the length of time that it took for Dr Hosny to explicitly admit her dishonesty to her regulator. Mr Davies reminded the Tribunal that the obligation to be transparent and honest is on Dr Hosny and submitted that it may be that Dr Hosny’s self-analysis into her current insight is not particularly reliable.

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25. Mr Davies referred to the MPTS Guidance document: *Guidance for medical practitioners tribunals on restoration following disciplinary erasure* (October 2019) ('the Guidance') and stated that dishonesty is difficult to remediate. Whilst he acknowledged it is clear that Dr Hosny has attended various courses, he submitted that the GMC have some reservations about the documents that she has adduced as evidence before this Tribunal. For example, Dr Hosny adduced around 400 pages of guidance from the Royal College of Anaesthetists. However, in her oral evidence, she admitted that she had not read the entire document. Therefore, Mr Davies submitted that this raises questions as to why the entire document was adduced as evidence. Further Mr Davies submitted that the GMC are concerned with some of the references that were relied upon by Dr Hosny as some of the authors did not appear to have been told that Dr Hosny had been erased from the medical register.

26. In relation to whether Dr Hosny has kept her medical knowledge up to date, Mr Davies referred the tribunal to the relevant paragraph of the guidance:

'B29 Tribunals should evaluate whether the steps the doctor has taken are adequate to allow a return to full practice. Doctors may demonstrate they have maintained their clinical knowledge and skills through:

- *undertaking clinical placements and/or observing clinical consultations*
- *attending relevant courses in person*
- *overseas practice.'*

27. Mr Davies concluded by submitting that the Tribunal should take into account the overarching objective when determining whether Dr Hosny is fit to return to unrestricted practice and stated that Dr Hosny's interests should be carefully balanced with the interests of the public.

28. Dr Hosny responded to the submissions made by Mr Davies on behalf of the GMC. She submitted that she did not have the courage to articulate clearly at the start of the 2018 hearing that she accepted her conduct in producing the fake reference was dishonest. However, Dr Hosny stated that her expression of shame and remorse to the 2018 Tribunal implicitly acknowledged her dishonesty. Further, she stated that she had reflected on her dishonest conduct with her close friends and colleagues soon after she was erased from the Register. In response to the GMC's reservations about the document adduced from the Royal College of Anaesthetists, Dr Hosny accepted that she had not read the document in its entirety but she said that in copying it in her bundle, she had not intended to convey the impression that she had. She explained that she had only studied parts relevant to her clinical practice.

29. Dr Hosny submitted that there has been no repeat of her dishonest conduct. She stated that she now has full insight into her *'foolish'* behaviour. She described

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this experience as the *'hardest lesson one could ever learn'* and submitted that she now realises that honesty, integrity and truthfulness are some of the most important qualities for a doctor to have. She submitted that she understands the impact her actions had on public confidence in the profession and submitted that she will do her best to ensure that public confidence is upheld along with maintaining professional conduct and standards. Dr Hosny assured the Tribunal that she would always act with honesty and integrity in the future.

30. Dr Hosny concluded by stating that she now has full insight, that she believes that she has remediated her dishonest conduct and that she is now fit to return to unrestricted practise.

The Tribunal's Approach

31. The Tribunal approached Dr Hosny's application guided by the approach laid out in the Guidance.

32. It reminded itself that the onus is on Dr Hosny to satisfy the Tribunal that she is fit to return to unrestricted practice. The Tribunal should not seek to go behind the findings on facts, impairment and sanction made by the First and Second Panels.

33. The test to be applied by Tribunals when considering if a doctor should be restored is that set out in GMC v Chandra [2018] EWCA Civ 1898, namely: 'having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective.'

34. The Tribunal reminded itself that, in making its decision, it should consider the following factors:

- The circumstances that led to disciplinary erasure;
- Whether the doctor has demonstrated insight into the matters that led to erasure, taken responsibility for their actions, and actively addressed the findings about their behaviour and skills including consideration of:
 - Insight and remorse;
 - Remediation and risk of repetition;
 - Remediability of previous/new concerns about the doctor's behaviour;
 - Whether findings about the doctor's behaviour have been remedied;
 - Likelihood of repetition of the previous findings about the doctor's behaviour;
- What the doctor has done since their name was erased from the Register including consideration of:

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➤ ...Overseas practice;

- Steps the doctor has taken to keep their skills and knowledge up to date; and
- The lapse of time since erasure.

35. After considering these factors, the Tribunal reminded itself it should balance its findings against whether restoration meets the overarching objective, carefully considering each of the three elements and acting in a way which:

- Protects, promotes and maintains the health, safety, and well-being of the public;
- Promotes and maintains public confidence in the profession; and
- Promotes and maintains proper professional standards and conduct for members of the profession.

36. The Tribunal took account of all the evidence before it, both oral and documentary. It has also considered the submissions made by Mr Davies on behalf of the GMC and those made by Dr Hosny.

The Tribunal's Decision

37. The Tribunal has already set out the circumstances that led to Dr Hosny's name being erased from the Register and it has noted the reasons given by the 2012 Panel. The Tribunal noted that the 2010 Panel did not consider Dr Hosny's case sufficiently serious to warrant erasure. However, the 2012 Panel considered that the repetition of her dishonesty was particularly serious and determined that the appropriate and proportionate sanction was erasure. This Tribunal also had regard to the 2018 restoration hearing where Dr Hosny's insight and remediation were found to be insufficient at that time to enable the Tribunal to be satisfied that there would be no repetition of Dr Hosny's dishonesty and that she was fit to return to unrestricted practise

38. The Tribunal first considered Dr Hosny's level of insight into her dishonesty. The Tribunal was satisfied that, in the years since her erasure from the Medical Register, Dr Hosny began to develop insight into her dishonesty. The Tribunal acknowledged that, at the time of the 2018 hearing, Dr Hosny appeared '*remorseful*' and '*ashamed*' about what she had done. Nevertheless, Dr Hosny was unable to publicly accept that she had been the author of the falsified reference until being cross-examined by Counsel acting on behalf of the GMC. In her oral evidence to this Tribunal, Dr Hosny described how, when she was cross-examined, she had finally found the courage to admit publicly that which she had previously found too shameful to admit. She became tearful at this point in her evidence and reflected that at this moment she had felt '*a weight had been lifted from my chest*'. The Tribunal accepted her evidence in this regard and found it compelling. The Tribunal

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considered that the moment Dr Hosny was describing was what might be described as a 'watershed moment'.

39. Dr Hosny gave oral evidence at this hearing and the Tribunal considered it clear from this that since the 2018 hearing she had made significant efforts to gain an understanding of her previous behaviour. She fully accepted her responsibility for her actions and the Tribunal considered that her oral evidence demonstrated her substantial efforts to reflect on her actions. Further, the Tribunal was of the view that Dr Hosny now appears to understand the impact that her dishonesty had on public confidence in the profession and the maintenance of proper professional standards. The Tribunal took the view that she demonstrated a genuine understanding of the causes of her actions and a clear determination never to repeat them.

40. The Tribunal had regard to an email that was sent by Dr Hosny to Dr A, shortly after the 2018 hearing. In this email, Dr Hosny apologised to Dr A for falsifying a reference and representing that it had been written by Dr A. She stated, *'I fully regret and deeply apologise about this dreadful action which in fact I gained nothing out of it...Please accept my sincere apologies for this irrational action which had been haunting me since then and please forgive me'*. The Tribunal took the view that Dr Hosny's apology to Dr A was genuine and noted that this was evidence of further reflection into her dishonesty and its impact on others.

41. The Tribunal went on to consider Dr C's and Ms D's evidence during the hearing. Both witnesses described how Dr Hosny had frequently discussed with them the circumstances and reasons for her erasure from the Medical Register. They confirmed that Dr Hosny had reflected on the events with them over many years. The Tribunal took the view that it was clear that this matter had been preoccupying Dr Hosny for many years and that she had been reflecting on her behaviour for a considerable period of time. The Tribunal were particularly impressed with Ms D's evidence and it found her to be a compelling and truthful witness. Ms D appeared to have a close relationship with Dr Hosny and the Tribunal found that she was able to give useful and positive evidence as to Dr Hosny's character and how her insight had *'evolved'* over the years. She explained to the Tribunal that Dr Hosny's insight had developed further since the 2018 hearing and that Dr Hosny now fully acknowledges that her actions were wholly wrong.

42. The Tribunal went on to consider the issue of remediation. Whilst it accepted that it is difficult to demonstrate remediation following a finding of dishonesty, the Tribunal considered that, in this case, Dr Hosny had endeavoured to demonstrate remediation of her conduct. As stated above, the Tribunal was of the view that Dr Hosny has demonstrated considerable insight since the 2018 restoration hearing, and it determined that she has taken time to thoroughly reflect on her dishonest conduct. The 2018 Tribunal determined that it would have been assisted with a reflective diary. Dr Hosny has taken its findings on board and has provided this

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Tribunal with her reflective diary that she started to write shortly after the 2018 hearing.

43. In addition, Dr Hosny also told the Tribunal that she has reflected on her behaviour with some of her colleagues. The Tribunal had regard to the positive testimonials that Dr Hosny had provided from colleagues with whom she has reflected on her behaviour. The Tribunal noted the written reflection from Dr Hosny's mentor, Dr B who is an Assistant Professor of Anaesthesia at Ain Shams University. He stated:

'...Having discussed what she went through with her, we agreed that it was very silly and inappropriate act from a professional Consultant Doctor after all her experience I assure you that she is having great guilt and have full regrets knowing fully that this action is not only reflected on her and her family and colleagues, its also reflected on the medical profession...'

44. In addition to Dr Hosny demonstrating insight and reflecting on her dishonesty, the Tribunal noted that, at an early stage in the process, she undertook an online ethics course in 2011 and repeated this 2017. In her oral evidence to this Tribunal, Dr Hosny admitted that, upon first coming to the UK she had not familiarised herself with Good Medical Practice ('GMP'). The Tribunal accepted her evidence that she is now aware of this guidance and its importance.

45. The Tribunal next considered the risk of Dr Hosny repeating her dishonesty. The Tribunal had regard to Dr Hosny's Certificate of Good Standing issued by the medical regulator in Egypt. Further, the Tribunal has not been provided with any evidence to suggest that Dr Hosny has repeated her dishonest conduct since her erasure. Having heard Dr Hosny's evidence at this hearing, the Tribunal was of the view that the effective remediation she has undertaken, as described above, coupled with her significant level of insight into her previous behaviour, meant that the risk of a similar probity concern arising in the future was negligible.

46. The Tribunal went onto consider whether Dr Hosny has demonstrated that she has kept her medical skills and knowledge up to date. The Tribunal noted that Dr Hosny has been out of clinical practice in the UK for 8 years. The Tribunal had regard to the 2018 Tribunal's determination that, whilst Dr Hosny had practised overseas after being erased from the register in the UK, it remained concerned that she had not kept her medical knowledge of UK practice up to date.

47. The Tribunal noted that, since her erasure, Dr Hosny has primarily been working as a Consultant Anaesthetist at Ain Shams University Hospital in Egypt. The Tribunal heard evidence that Dr Hosny has also been involved in teaching and research with co-authorship of several publications, and that she also regularly works at a charitable hospital in Egypt. The Tribunal had regard to the positive testimonials that have been adduced in support of Dr Hosny's clinical abilities. It was

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particularly impressed with the reference from Professor E, a Consultant Vascular Surgeon at El Agouza Charity Hospital. In his testimonial he stated, *'she is so talented in anaesthetising challenging cases of mine that's why I had allocated her as my private anaesthetist'*. The Tribunal was of the view that it is clear that Dr Hosny is held in high regard amongst her colleagues and they do not express any doubts about her clinical capabilities.

48. Dr Hosny acknowledged that it has been more difficult to maintain her knowledge of UK practice. However, the Tribunal accepted her evidence that, since the 2018 hearing, she has made efforts to gain assistance and support from the Royal College of Anaesthetists. In her oral evidence she told the Tribunal that clinical practice in Egypt is heavily influenced by the guidance from the Royal College of Anaesthetists. Further, she told the Tribunal that she has attended various Congresses and Conferences that are accredited by the Royal College of Anaesthetists and often involve speakers who practise in the UK.

49. In these circumstances, the Tribunal was satisfied that Dr Hosny has kept her medical knowledge and skills up to date. It noted that there have been no concerns raised with regard to her current clinical practice and was satisfied that her skills have not deteriorated to a degree that may place patients at a risk of harm.

50. The Tribunal took into account the Guidance which states:

'B35 Having considered the different factors above, the tribunal must make findings in relation to whether the doctor is fit to practise. The tribunal should then step back and balance its findings against whether restoration will meet our overarching objective. This balancing exercise will involve careful consideration of each of the elements.'

51. Taking into account all of the factors it has considered above, the Tribunal determined that Dr Hosny is fit to practise. In coming to this conclusion, the Tribunal balanced its findings against each element of the overarching objective.

52. The Tribunal noted that Dr Hosny was not erased from the Medical Register in order to protect, promote and maintain the health, safety and well-being of the public. It noted Mr Davies' submission that it is primarily limbs two and three of the overarching objective that are engaged in this case. As described above, Dr Hosny has kept her medical skills and knowledge up to date principally through practising in Egypt since her erasure. The Tribunal was satisfied that Dr Hosny had maintained her clinical knowledge and skills to a level that meant that it was satisfied that she would be able to work safely if she returned to unrestricted practice in the UK as a Consultant Anaesthetist. The Tribunal therefore determined that restoration of Dr Hosny's name to the Medical Register was a decision that would not be contrary to the objective of protecting, promoting and maintaining the health, safety, and well-being of the public.

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53. The Tribunal went on to consider whether Dr Hosny's past behaviour was so serious that it remains capable of undermining public trust in the profession. The Tribunal took into account that Dr Hosny's dishonesty occurred some nine to ten years ago. This is a significant passage of time. Dr Hosny told the Tribunal that she was '*foolish back then*' and that she has been paying for her mistake ever since. The Tribunal considered that Dr Hosny now has full insight into her dishonesty and has remediated her previous behaviour. In these circumstances, the Tribunal was ultimately satisfied that an ordinary, well informed member of the public who was aware of all of the facts would not be concerned to learn that Dr Hosny had been allowed to return to practise.

54. With regard to the maintenance of professional standards and conduct for members of the profession, the Tribunal was satisfied, for the reasons given above including Dr Hosny's level of insight, and her considerable efforts to reflect and remediate meant that restoring her to the Register was also consistent with the third element of the overarching objective.

55. In conclusion, the Tribunal was satisfied that Dr Hosny was a fit and proper person to be restored. Accordingly, it determined to direct that her name be restored to the Medical Register.

56. For the benefit of Dr Hosny, in the event that she wishes to return to practise in the UK, the Tribunal wishes to inform her that she will need to obtain a license to practise and there will be certain requirements that Dr Hosny will need to fulfil, including GMC appraisal and revalidation.

57. That concludes this case.

Confirmed

Date 06 March 2020

Mr Tim Bradbury, Chair