

## PUBLIC RECORD

Dates: 12/08/2024 - 13/08/2024

Medical Practitioner's name: Dr Muhammad BASHARAT

GMC reference number: 7855419

Primary medical qualification: MBBS 2017 University of Health Sciences  
Lahore - Sheikh Zayed Medical College

| Type of case     | Outcome on facts                             | Outcome on impairment |
|------------------|--|-----------------------|
| New - Misconduct | Facts relevant to impairment<br>found proved | Impaired              |

**Summary of outcome**  
Suspension, 6 months.

**Tribunal:**

|                          |                      |
|--------------------------|----------------------|
| Legally Qualified Chair  | Mrs Alison Storey    |
| Lay Tribunal Member:     | Miss Susan Hurds     |
| Medical Tribunal Member: | Dr Richard Vautrey   |
| Tribunal Clerk:          | Mrs Jennifer Ireland |

**Attendance and Representation:**

|                       |                          |
|-----------------------|--------------------------|
| Medical Practitioner: | Present, not represented |
| GMC Representative:   | Mr Peter Byrne, Counsel  |

**Attendance of Press / Public**

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

## Overarching Objective

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

## Determination on Facts and Impairment - 13/08/2024

### Background

1. Dr Basharat qualified in 2017 from University of Health Sciences Lahore - Sheikh Zayed Medical College.
2. The allegation that has led to Dr Basharat's hearing can be summarised as follows: In or around December 2018, Dr Basharat submitted a paper entitled 'Behaviour of medical students towards the patients of leukemia and AIDS' ('the Paper') for publication by the Indo American Journal of Pharmaceutical Sciences. It is alleged that Dr Basharat had plagiarised the work of others from the paper 'Attitude of medical students towards AIDS and leukemia patients, Pak J Med Sci 2012; 28(1): 187-191' ('the 2012 Publication') within the Paper and had falsely represented it as his own work. It is alleged that his actions were dishonest.
3. On 3 April 2023, Dr Basharat applied for the post of Clinical Fellow within NHS Lothian's Cardiothoracic Intensive Care Unit ('the Post'). Within his application, it is alleged that he cited the Paper as a publication he had produced when he knew that he had plagiarised the work, had not been involved in the work cited within the Paper and that this would potentially give him an unwarranted advantage in the selection process. It is alleged that these actions were dishonest.
4. On 3 May 2023, Dr Basharat attended an interview for the Post with Dr A and two colleagues. During the interview, Dr Basharat again cited the Paper, volunteered a copy of it as the interviewers had been unable to find it, and answered questions on it. It is alleged that at the time Dr Basharat knew that he had plagiarised the work, had not been involved in the work cited within the Paper and that this would potentially give him an unwarranted advantage in the selection process. It is alleged that these actions were dishonest.

5. Following the interview, Dr A and his colleagues located a copy of the 2012 Publication and reviewed it in conjunction with the Paper. They noted the significant similarities of the two documents. On the same day, Dr A sought advice and raised the initial concerns with the GMC.

### The Allegation and the Doctor's Response

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

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

#### The Paper

1. On a date in or around December 2018, you submitted a paper entitled 'Behaviour of medical students towards the patients of leukemia and AIDS' ('the Paper') for publication by the Indo American Journal of Pharmaceutical Sciences, and you:
  - a. plagiarised the work of others from the paper 'Attitude of medical students towards AIDS and leukemia patients, Pak J Med Sci 2012; 28(1): 187-191' within the Paper; **Admitted and found proved**
  - b. falsely presented the contents of the Paper as your own work; **Admitted and found proved**
  - c. named yourself as lead author. **Admitted and found proved**
2. When you submitted the Paper you knew that you had:
  - a. plagiarised the work of others as described in paragraph 1a; **Admitted and found proved**
  - b. not been involved in the work cited within the Paper. **Admitted and found proved**
3. Your actions as described at paragraph 1 were dishonest by reason of paragraph 2. **Admitted and found proved**

**Application for a fellowship**

4. On 3 April 2023 you submitted an application ('the Application') for the post of Clinical Fellow within NHS Lothian's Cardiothoracic Intensive Care Unit ('the Post').

**Admitted and found proved**

5. In the Application, within the section headed 'Please state any publications', you cited two publications, including the Paper. **Admitted and found proved**

6. On 3 May 2023 you were interviewed for the Post and when asked about your publications you cited the Paper. **Admitted and found proved**

7. When you cited the Paper as set out in paragraphs 5 and 6 you knew that:

a. you had plagiarised the work of others; **Admitted and found proved**

b. you had not been involved in the work cited within the Paper; **Admitted and found proved**

c. your citation of the Paper would potentially give you an unwarranted advantage in the selection process. **Admitted and found proved**

8. Your actions as described at:

a. paragraph 5 were dishonest by reason of paragraph 7; **Admitted and found proved**

b. paragraph 6 were dishonest by reason of paragraph 7. **Admitted 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.**

**The Admitted Facts**

7. At the outset of these proceedings, Dr Basharat made admissions to the entirety 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.

### **Determination on Impairment**

8. 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 Basharat's fitness to practise is impaired by reason of misconduct.

### **The Evidence**

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

10. The Tribunal received evidence on behalf of the GMC in the form of witness statements from Dr A who was not called to give oral evidence, and the exhibits he produced.

11. Dr Basharat provided his own undated witness statement.

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

- The published paper 'Behaviour of medical students towards the patients of leukemia and AIDS';
- The published paper 'Attitude of medical students towards AIDS and leukemia patients';
- Dr Basharat's application for the Post;
- Emails between Dr Basharat and the GMC;
- Email to Dr A from Dr Basharat; and
- Various Continuing Professional Development ('CPD') certificates.

### **Submissions**

13. On behalf of the GMC, Mr Byrne submitted that Dr Basharat's fitness to practise is impaired by reason of his misconduct. He referred the Tribunal to relevant caselaw in respect to misconduct and impairment.

14. Mr Byrne submitted that the misconduct in this case was plainly in breach of one of the fundamental tenets of the medical profession, namely probity, and that Dr Basharat had brought the medical profession into disrepute. He submitted that Dr Basharat's action had

the very real potential to undermine public confidence in the profession and to strike at the heart of proper standards of conduct and behaviour. He stated that those are matters that have been acknowledged by Dr Basharat in his statements and correspondence with the GMC.

15. Mr Byrne submitted that Dr Basharat's conduct placed him at an advantage in his application and might have placed him above other worthy applicants. Mr Byrne submitted that this has been described by Dr Basharat as a mistake, however, he submitted that this was not a mistake but was a conscious decision that Dr Basharat made to improve his position in relation to an application for a senior medical post.

16. Mr Byrne submitted that the misconduct was planned as it required the identification of an article, changing of that article to suit Dr Basharat's purpose, and then the submission of that article as part of an application for a job post. Further, he submitted that Dr Basharat had put forward that article as part of the interview process, knowing that it was plagiarised. His actions were dishonest. He submitted that the dishonesty was uncovered due to the endeavours of Dr A's colleague.

17. Dr Basharat submitted that he had admitted all of the Allegation and accepted that his fitness to practise was currently impaired by reason of misconduct. He stated that at the time of the events he was under emotional turmoil following some serious incidents in his family life. He submitted that he had made a mistake which he regretted every day. He accepted that he had done what alleged and said that he would accept the result of the Tribunal hearing.

### **The Relevant Legal Principles**

18. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision on impairment is a matter for the Tribunal's judgement alone.

19. In approaching the decision, the Tribunal was mindful of the two-stage test to be adopted: firstly, whether the facts as found proved amounted to serious misconduct and secondly, whether the finding of serious misconduct could lead to a finding of impairment.

20. The Tribunal must determine whether Dr Basharat's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors

since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

21. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *CHRE v NMC and Paula Grant* [2011] EWHC 297 Admin. The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

- a. *'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; and/or*
- b. *Has in the past and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. *Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d. *Has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

### The Tribunal's Determination on Impairment

#### Misconduct

22. In determining whether Dr Basharat's fitness to practise is impaired by reason of misconduct, the Tribunal first considered whether the admitted facts found proved amounted to serious misconduct.

23. The Tribunal had regard to paragraphs 1, 65, and 68, of Good Medical Practice (2013) ('GMP'), which provide:

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

...

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

...

**68** *You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.'*

24. The Tribunal was satisfied that Dr Basharat's conduct in plagiarising the 2012 Publication and passing the work off as his own, was a serious departure from the above paragraphs of GMP and this amounted to misconduct. In the Tribunal's view, whilst dishonesty can occur in a variety of ways, Dr Basharat's misconduct was serious. In reaching this conclusion the Tribunal noted that the misconduct was for personal gain, designed to give Dr Basharat an advantage over other candidates.

25. The Tribunal considered that although Dr Basharat described the misconduct as a mistake, in fact this was deliberate and planned dishonest conduct. It was not spur of the moment.

26. The Tribunal noted that this misconduct could not be described as a one-off incident. Dr Basharat had originally submitted the paper in December 2018 and had then used it in his application more than four years later in April 2023. Further, he had again referred to the research in the interview in May 2023. The Tribunal therefore considered that this was a course of dishonest behaviour rather than a one-off mistake.

27. The Tribunal noted that Dr Basharat admitted to his dishonesty before this Tribunal.

28. The Tribunal noted the personal mitigation offered by Dr Basharat and considered that it did not provide a logical explanation of his dishonesty in 2023. It was of the view that it did not, in any way, explain his original actions in 2018.

29. Furthermore, the Tribunal considered that Dr Basharat allowed the dishonesty to continue for more than four years. It was satisfied that Dr Basharat knew, or ought to have



known, that his conduct was wrong, and it considered that there were multiple occasions that Dr Basharat could have reconsidered his dishonest conduct but did not until others discovered his actions.

30. Taking all of those factors into consideration, the Tribunal concluded that Dr Basharat's actions amounted to serious misconduct.

#### Impairment by reason of misconduct

31. Having found that the facts found admitted and found proved amounted to serious misconduct, the Tribunal went on to consider whether, because of that misconduct, Dr Basharat's fitness to practise is currently impaired. Throughout its deliberations, the Tribunal had regard to all the three limbs of the statutory overarching objective.

32. The Tribunal considered whether Dr Basharat's misconduct was capable of being remediated, has been remediated, and whether it was likely to be repeated. In so doing, it considered whether there was evidence of Dr Basharat's insight into his misconduct and any steps he has taken to remediate it.

33. The Tribunal was mindful that dishonesty is difficult to remediate but not impossible. There is no evidence before the Tribunal that there are currently any concerns about Dr Basharat's clinical practice. It also looked for evidence of insight, remediation and the likelihood of repetition and balanced those against the three limbs of the statutory overarching objective.

34. In considering the issue of insight, the Tribunal was of the view that Dr Basharat had shown considerable insight. Dr Basharat admitted the Allegation in full before this Tribunal, and also to the GMC at the outset of its investigation. It considered that Dr Basharat has shown considerable remorse and expressed regret. He had made direct apologies to Dr A and the GMC for his actions. The Tribunal noted however that Dr Basharat refers to his actions as a mistake and considered that he has failed to recognise that this was a course of dishonest conduct that he undertook in order to boost his CV, over a period of time.

35. The Tribunal noted that Dr Basharat had taken action to remediate his misconduct. It took into account the significant amount of relevant, targeted CPD completed, including online courses relating to research and research ethics, such as 'Introduction to research ethics' and 'Introduction to Health Research Ethics'.

36. The Tribunal considered Dr Basharat’s reflection on these courses within his written statement and it was of the view that Dr Basharat has learned from them. Dr Basharat has also made considerable efforts, to have the Paper retracted. The Tribunal could not see anything more Dr Basharat could have done to remediate for his dishonest conduct.

37. The Tribunal next considered the risk of repetition. The Tribunal considered its assessment of Dr Basharat’s insight, and the substantial remediation he has undertaken. It was of the view that the risk of repetition in this case was very low.

38. In considering the test set out by Dame Janet Smith and adopted in *Grant*, the Tribunal concluded that three of the four limbs of the test were engaged (b-d). The Tribunal was satisfied that Dr Basharat’s conduct brought the medical profession into disrepute and that he breached a fundamental tenet of the profession. The Tribunal also noted that Dr Basharat has admitted to acting dishonestly.

39. The Tribunal considered that dishonesty is particularly difficult to remediate and that it is rare for a finding of dishonesty not to lead to a finding of impairment. Those cases where this occurred had to be exceptional and were usually isolated incidents occurring in frontline situations.

40. However, the Tribunal did not view Dr Basharat’s misconduct as an isolated incident, nor did it consider the circumstances as exceptional.

41. In considering whether Dr Basharat’s fitness to practise is currently impaired the Tribunal considered the overarching objective. The Tribunal considered that Dr Basharat’s dishonesty would damage public confidence in the profession if a finding of impairment were not made. The Tribunal was satisfied that a member of the public in full knowledge of the facts of the case would be concerned about a doctor acting in the way Dr Basharat did. The Tribunal was also of the view that given the admitted facts and its findings of serious misconduct, a finding of impairment of fitness to practise was necessary to promote and maintain proper professional standards of conduct in the medical profession.

42. The Tribunal has therefore determined that Dr Basharat’s fitness to practise is impaired by reason of misconduct.

**Determination on Sanction - 13/08/2024**

43. Having determined that Dr Basharat’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.

**Submissions**

44. On behalf of the GMC, Mr Byrne submitted that the appropriate sanction in this case would be a significant period of suspension. He stated that the decision as to sanction was matter for the judgment of the Tribunal, but it must base its decisions on the standards of good practice established in GMP and on the advice given within the Sanctions Guidance (2024) (‘the SG’). He addressed the Tribunal on the available sanctions, in ascending order.

45. Mr Byrne submitted that Dr Basharat had no previous fitness to practise history, and there has been no suggestion of further misconduct. He submitted that Dr Basharat has reflected and made notable remediation attempts. However, he submitted that there are no exceptional circumstances that would justify taking no action. He submitted that, in cases involving dishonesty, action is necessary with particular regard to promoting and maintaining public confidence in the medical profession and maintaining proper standards and conduct, especially given the Tribunal's finding that this is a case of serious misconduct for personal gain.

46. Mr Byrne submitted that the purpose of conditions is to help doctors to deal with their health issues and/or remedy any deficiencies in their practise or knowledge of English while protecting the public. He submitted that conditions would have no purpose in these particular circumstances, and it would be difficult to formulate conditions that would be appropriate, proportionate, workable and measurable.

47. Mr Byrne submitted that, in all the circumstances of the case, a period of suspension is appropriate, but it might be a finely balanced decision. He submitted that suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and the public about what is regarded as behaviour unbecoming a registered doctor. He accepted that the risk of repetition is very low, which is significant to the issue of whether the sanction should be suspension or erasure.

48. Mr Byrne submitted that the period of suspension should be towards the maximum duration, if not the maximum, given the proven dishonesty, especially if the decision is finally balanced between suspension and erasure. He made no submissions with respect to erasure.

49. Dr Basharat submitted that English was not his native language and so his use of the word '*mistake*' reflected his error in translation. He accepted that his actions were deliberate and that he had '*followed the wrong path*'. Dr Basharat submitted that this was the '*first ever wrong thing*' in his professional life, which he had done at the very start of his career.

50. Dr Basharat referred the Tribunal to paragraph 27 of the SG which deals with the stage of a doctor's career and reminded the Tribunal that he was at the early stages of his career and had never practiced in the UK.

51. Dr Basharat submitted that he would accept the decision of the Tribunal because of his deliberate dishonesty, but would request for a warning or no action, as he would be adhering to GMP from now on. He stated that he had learned so much from his mistake and experiences.

### **The Relevant Legal Principles**

52. The Tribunal reminded itself that the decision as to the appropriate sanction to impose, if any, was a matter for it alone, exercising its own judgement. In reaching its decision on sanction, the Tribunal had regard to the SG, reminding itself that it was guidance and could be departed from provided there was a good reason. It bore in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it noted that any sanction imposed may have a punitive effect. It reminded itself that in deciding what sanction, if any, to impose, it should consider the sanctions available, starting with the least restrictive.

53. Throughout its deliberations, the Tribunal had regard to the overarching objective, which includes the protection of the public, the maintenance of public confidence in the profession, and the promotion and maintenance of proper professional standards and conduct for members of the profession. It applied the principle of proportionality, balancing Dr Basharat's interests with the public interest.

### The Tribunal's Determination on Sanction

54. The Tribunal first identified what it considered to be the aggravating and mitigating factors in this case.

#### Aggravating factors

55. The Tribunal first considered aggravating factors in this case.

56. The Tribunal took into account that this was a deliberate course of dishonest conduct, spanning more than a four year period. It could not be said to be a one-off or isolated incident. The Tribunal considered that Dr Basharat's misconduct entailed:

- Plagiarising the Paper;
- Arranging for it to be published;
- Adding it to his application for the Post; and
- Referring to it in the interview when asked questions about research.

57. Dr Basharat did not admit to his dishonesty until Dr A and his colleagues had uncovered it.

58. The Tribunal also considered that Dr Basharat undertook his dishonesty for personal gain, in order to boost his CV and gain an advantage over other candidates when seeking employment.

#### Mitigating Factors

59. The Tribunal then went on to consider the mitigating factors in this case.

60. The Tribunal accepted that cultural and language differences may have impacted Dr Basharat's choice of words. It took into account his oral submissions at the Sanction stage, in which he demonstrated an understanding that his behaviour was a course of dishonest conduct and not a one-off mistake. This explanation mitigated the concern previously expressed by the Tribunal. The Tribunal therefore concluded that Dr Basharat has full insight into his misconduct and has learned from his actions.

61. The Tribunal also acknowledged the remediation Dr Basharat has undertaken, and the targeted approach to his CPD. It is clear that Dr Basharat has reflected on his actions, and, in the Tribunal's view, there was little more he could have done to demonstrate insight and

remediation. The Tribunal also took into consideration the extensive efforts Dr Basharat has made to retract the Paper.

62. The Tribunal accepted that Dr Basharat's behaviour in 2023 was influenced by significant events in his personal life, which were distressing. While accepting that these events may have had an impact on Dr Basharat's behaviour, the Tribunal attached limited weight to this as an explanation for his dishonesty, given the initial dishonest act (publishing the Paper) occurred in 2018.

63. The Tribunal took into account that Dr Basharat commenced his dishonest conduct by publishing the Paper very early in his career and at the time of his application for the Post was new to UK practice.

64. The Tribunal balanced the aggravating and mitigating factors throughout its deliberations and went on to consider each sanction in order of ascending severity, starting with the least restrictive.

#### No action

65. The Tribunal first considered whether to conclude the case by taking no action. It noted that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

66. The Tribunal was satisfied that there were no exceptional circumstances in Dr Basharat's case which could justify it taking no action. Further the Tribunal considered that concluding the case by taking no action would be insufficient to protect the public interest and would not mark the seriousness of Dr Basharat's dishonest conduct.

#### Conditions

67. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Basharat's registration. The Tribunal had regard to paragraphs 81, 84 and 85 of the SG, which state:

**'81** *Conditions might be most appropriate in cases:*

*a involving the doctor's health*

*b involving issues around the doctor's performance*

*c willing to respond positively to retraining, with evidence that they are committed to keeping their knowledge and skills up to date throughout their working life, improving the quality of their work and promoting patient safety*

**85** *Conditions should be appropriate, proportionate, workable and measurable.'*

68. The Tribunal noted that the case did not fit within paragraph 81, as a type of case where conditions may be most appropriate. The Tribunal was of the view that, given the purpose of conditions, it would be unusual to impose conditions in a dishonesty case and where the considerations were to maintain public confidence in the profession and uphold proper professional standards.

69. The Tribunal considered that no conditions could be formulated which would be appropriate, workable or measurable. Further, the Tribunal determined that the imposition of conditions would not be sufficient to mark the seriousness of Dr Basharat's actions or address the Tribunal's findings of impairment. An order of conditions would not adequately meet the overarching objective in a proportionate way. All of those factors made an order of conditions inappropriate.

#### Suspension

70. The Tribunal then went on to consider very carefully whether a period of suspension would adequately protect the public, maintain public confidence in the profession and uphold proper standards for its members. In considering whether to impose a period of suspension on Dr Basharat's registration, the Tribunal had regard to paragraphs 91, 92, 93, 97(a), (e), (f) and (g) of the SG which provide:

**'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 (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).*

- 93** *Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions (see paragraphs 24–49)*

...

- 97** *Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*

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

...

**e** *No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor’s unwillingness to engage.*

**f** *No evidence of repetition of similar behaviour since incident.*

**g** *The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.’*

71. The Tribunal had regard to its findings that Dr Basharat’s conduct constituted breaches of GMP and that his actions breached fundamental tenets of the profession, of



honesty and integrity. The Tribunal was satisfied that the identified breaches represented a significant departure from GMP.

72. However, the Tribunal was satisfied that there was evidence before it to show that Dr Basharat has made significant efforts to remediate and fully understands the seriousness of his behaviour. The Tribunal considered that Dr Basharat has shown compelling insight into his actions and has learned his lesson. There has been no repetition of the behaviour since May 2023.

73. The Tribunal acknowledged that Dr Basharat has demonstrated significant insight and remediation. The Tribunal also considered that Dr Basharat has taken substantial steps in remediating his misconduct, in apologising to Dr A, taking steps to have the article taken down, and in completing targeted courses on research and ethics. It is clear he has reflected upon his misconduct and learned from it. As a result of his insight and remediation the Tribunal decided that the risk of repetition of the misconduct was low.

74. Overall, the Tribunal decided that this case was not one where Dr Basharat's misconduct was '*fundamentally incompatible with continued registration*' and therefore it considered that erasure would not be appropriate or proportionate, nor would it be in the public interest.

75. In light of the above, the Tribunal determined that a period of suspension would be an appropriate and proportionate sanction when considering Dr Basharat's interests alongside the public interest. The Tribunal took into account the impact that this sanction may have upon Dr Basharat. However, in all the circumstances the Tribunal concluded that his interests are outweighed by the need to maintain public confidence in the profession and to declare and uphold proper standards of conduct and behaviour.

#### **Length of suspension**

76. In determining the length of the suspension, the Tribunal had regard to paragraphs 99 to 102 of SG and the table following paragraph 102.

77. The Tribunal considered the aggravating factors in this case and acknowledged that this was a serious departure from the principles set out in GMP. Dr Basharat engaged in a course of dishonest conduct in order to give himself an advantage over others.

78. The Tribunal also had regard to the mitigating factors of the case, set out above, in considering the length of the suspension. It also acknowledged that Dr Basharat is a young doctor who made a foolish decision at the outset of his career, and that he has not worked in the UK at that time. It considered that Dr Basharat has recognised his wrongdoing and had worked hard to remediate for his actions.

79. Taking all these elements into account, the Tribunal was satisfied that imposing a period of six months' suspension was appropriate and proportionate. In the Tribunal's view this would be sufficient to satisfy the need to promote and maintain public confidence and to send out a clear message to the profession that this type of conduct is unacceptable, in order to maintain proper professional standards. A reasonable and well-informed member of the public or the profession would be satisfied that this was a proportionate response to Dr Basharat's behaviour.

#### Review

80. Paragraphs 163 and 164 of the SG deals with review hearings and state:

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

**164** *In some misconduct cases it may be self-evident that, following a short suspension, there will be no value in a review hearing.'*

81. The Tribunal bore in mind that it was imposing a suspension to mark the seriousness of Dr Basharat's dishonesty. It was satisfied that Dr Basharat had already done all he could to reflect on, develop insight into and remediate for his dishonesty. There were no concerns about Dr Basharat's clinical practice.

82. The Tribunal was satisfied that a review would serve no useful purpose in this case. In the circumstances, the Tribunal determined that it was not necessary to direct a review hearing.

Determination on Immediate Order - 13/08/2024

83. Having determined that Dr Basharat’s registration should be subject to an order of suspension for a period of six months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

**Submissions**

84. On behalf of the GMC, Mr Byrne submitted that an immediate order is necessary and in the public interest. He submitted that an immediate order was required to protect public confidence in the profession.

85. Dr Basharat submitted that he agreed to Mr Byrne’s submission. He told the Tribunal that he was not currently practising in the UK, and that he had no intention of appealing.

**The Tribunal’s Determination**

86. In reaching its decision, the Tribunal considered the relevant paragraphs of the SG and exercised its own independent judgement. In particular, it took account of paragraphs 172, 173 and 178:

***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. ...*

***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.’*

87. The Tribunal determined that there were no clinical concerns in this case, nor was an immediate order necessary to protect members of the public. There was no identified risk of repetition in this case. Therefore, the Tribunal was not satisfied that an order was necessary to protect public confidence in profession, or that it was otherwise in the public interest or Dr Basharat's best interests.

88. This means that Dr Basharat's registration will be suspended 28 days from the date on which written notification of this decision is deemed to have been served, unless he lodges an appeal. If Dr Basharat does lodge an appeal, he will remain free to practise unrestricted until the outcome of any appeal is known.

89. There is no interim order to revoke.

90. That concludes this case.