PUBLIC RECORD

Dates: 01/09/2026 - 03/09/2026

Doctor:	Dr Muhammad GHAFOOR
GMC reference number:	4750770
Primary medical qualification:	MB BS 1992 Bahauddin Zakariya University

Type of case

Restoration following disciplinary erasure

Summary of outcome

Restoration application granted

Tribunal:

Legally Qualified Chair	Mr Angus McPherson
Lay Tribunal Member:	Mr John Kelly
Registrant Tribunal Member:	Dr Farah Yusuf

Tribunal Clerk:	Rowan Barrett

Attendance and Representation:

Doctor:	Present, not represented
Doctor's Representative:	Doctor not represented
GMC Representative:	Ms Katie Jones, 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.

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection 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 following disciplinary erasure – 4/9/2026

1. This determination was handed down in public.

2. The Tribunal has convened to consider Dr Ghafoor's application to be restored to the medical register following their erasure for disciplinary reasons in November 2010.

3. The Tribunal has considered the application in accordance with Section 41 of the Medical Act 1983, as amended (the Act) and Rule 24 of the GMC (Fitness to Practise) Rules 2004, as amended (the Rules).

4. Dr Ghafoor made an application for restoration in May 2018; however, this was subsequently withdrawn before the hearing stage. Dr Ghafoor's first hearing in relation to an application to be restored to the Medical Register was in March 2023 which was refused. This is therefore Dr Ghafoor's second application for restoration which has been heard at a Tribunal hearing.

Background

Fitness to Practise Panel 2010

5. Dr Ghafoor qualified in 1992 from the Bahauddin Zakariya University in Pakistan. At the time of the events that led to Dr Ghafoor's erasure in 2010 he was practising as a staff grade anaesthetist at Tameside Hospital NHS Foundation Trust (the Trust).

6. The circumstances that led to Dr Ghafoor's erasure were considered at a hearing before a Fitness to Practise Panel ('the 2010 Panel') in November 2010.

7. The GMC allegations found proved related to Dr Ghafoor's inappropriate clinical treatment of Mr K in November 2008, as part of a serious incident in which the patient died, and his subsequent dishonesty about his role in the incident throughout the Trust's investigations. Dr Ghafoor was also found to have acted dishonestly in failing to inform the MEDACS locum agency and other hospitals of restrictions imposed upon his practice by the Trust following the incident. In addition, the 2010 Panel found that Dr Ghafoor undertook locum posts whilst signed off sick from the Trust XXX around the same time.

8. Several failings were found proved in relation to Dr Ghafoor's treatment of Mr K. In summary, the 2010 Panel found that:

- On 9 November 2008, Dr Ghafoor took over the care of Mr K from a colleague. Dr Ghafoor did not examine Mr K himself or make a note of any findings made
- Dr Ghafoor unsuccessfully attempted to insert femoral arterial lines in Mr K's groin and did not attempt to insert a CVP line, as agreed with his lead consultant Dr A
- Dr Ghafoor started an infusion of metaraminol via the peripheral intravenous line but did not take into account that, as Mr K's peripheral circulation was poor, distribution of the metaraminol would be slow and relatively ineffective
- Dr Ghafoor started an infusion of noradrenaline 4mg in 40ml dilutant via the peripheral intravenous line rather than the peripherally inserted central catheter ("PICC") line already in place. Dr Ghafoor's actions were inappropriate for a patient in Mr K's condition and indicated that he did not understand the consequences of this input on the peripheral circulation in a patient whose peripheral circulation was already shutting down
- Dr Ghafoor chose to use thiopentone 350mg to induce anaesthesia in Mr K. The use and dose of the medication was inappropriate for a patient in Mr K's condition
- In treating Mr K, Dr Ghafoor only made a note of 'Hypovolaemic shock and ↓ 69% SaO2 Hypotensive 60mmHg systolic BP' and the attempts at intubation and did not record that he had attempted twice to insert an arterial line nor the reasons for the failure to insert an arterial line. Furthermore, Dr Ghafoor did not make a note of his conversation with Dr A.

9. The 2010 Panel found that Dr Ghafoor gave evidence to a hospital inquiry panel investigating the death of Mr K to the effect that he had wanted to insert a CVP line as per Dr A's instructions, but was prevented from doing so by a nurse, Nurse B, who Dr Ghafoor maintained had told him that positioning Mr K's head down for the insertion of a CVP line

would impede Mr K's breathing and would drop his oxygen saturation still further. The 2010 Panel found that Dr Ghafoor has been misleading and dishonest to the hospital inquiry panel investigating the death of Mr K and accepted Nurse B's evidence over Dr Ghafoor's.

10. On 12 November 2008 Dr Ghafoor was verbally informed by the Trust that his practice was to be restricted to supervised practice only and this applied in all employment he undertook. Dr Ghafoor agreed to comply with the temporary restrictions on his practice.

11. In November 2008 Dr Ghafoor self-certified as absent from the Trust XXX but took on locum placements for MEDACS Healthcare locum agency whilst receiving sickness pay from the Trust. He also undertook the locum placements without informing the agency, MEDACS, or the hospitals of restrictions imposed on his practice by the Trust, and consequently, he worked without supervision. Dr Ghafoor's actions were found to be misleading and dishonest. Dr Ghafoor also did not inform the trust that he was undertaking paid work elsewhere, and at a meeting on 23 January 2009, stated that he had worked under supervision and would continue to do so, when this was not true. At a meeting on 5 March 2009, he failed to disclose to the Trust that he had worked unsupervised elsewhere. These matters were also found to be misleading and dishonest.

12. In respect of the clinical concerns, the 2010 Panel had regard to the opinion of Dr C, the GMC expert, that the standard of care provided to Mr K fell seriously below that expected of a reasonably competent staff grade anaesthetist in four respects:

- Lack of baseline clinical assessment of the patient on transfer of care;
- The failure to institute appropriate invasive monitoring (that is, the lack of any attempt to insert a CVP line);
- Administering noradrenaline via a peripheral intravenous line;
- Selecting thiopentone as the induction agent and using an inappropriately large dose.

13. Whilst Dr Ghafoor had accepted that the standard of his care fell below the standard expected, he had asserted that it did not fall seriously below. When asked what, if anything, he would do differently if he were in the same position today, Dr Ghafoor stated, 'I think I honestly I will do the same thing because I did not, on my side, I do not think I missed anything in that incident, honestly.'

14. The 2010 Panel was concerned that this attitude displayed a significant lack of insight and inevitably a disregard for patient safety. Further, it could find no evidence that Dr

Ghafoor had attempted to take any remedial action to address his deficiencies or that he intended to do so in the future.

15. The 2010 Panel was concerned that, in all of the aspects of the case, there was a common thread of misleading and dishonest behaviour. Dr Ghafoor was dishonest about his clinical actions with regard to Mr K and had not been honest either to the hospital enquiries or to the 2010 Panel.

16. The 2010 Panel was of the opinion that Dr Ghafoor lacked insight into his clinical shortcomings and his willingness to cover up his failings constituted a serious and continuing threat to patients. That Panel considered that Dr Ghafoor's dishonest behaviour was extensive. It was of the view that it occurred in several different contexts and noted that it spread over a period of years. In the 2010 Panel's view this demonstrated a flaw in Dr Ghafoor's character that would be extremely difficult to remedy and it concluded that his integrity could not be relied upon.

17. The 2010 Panel also found that Dr Ghafoor had given false evidence during the FTPP hearing. This Tribunal noted that the 2010 Panel predated much of the now established caselaw establishing a registrant's right to contest allegations in regulatory proceedings without this being construed as evidence of a lack of insight or the defence itself being found to constitute dishonesty.

18. The 2010 Panel found that Dr Ghafoor had breached fundamental tenets of the profession and brought the profession into disrepute. It considered that Dr Ghafoor's persistent lack of insight, continued dishonesty and his unremedied conduct in relation to Mr K meant that his fitness to practise was impaired.

19. As the 2010 Panel considered that Dr Ghafoor had not demonstrated sufficient understanding and insight into his misconduct or taken adequate steps to address his clinical failings, it concluded that Dr Ghafoor's behaviour was fundamentally incompatible with continued registration. The Panel therefore determined to erase his name from the Medical Register.

2023 Restoration Tribunal

20. Dr Ghafoor made an unsuccessful application for restoration to the medical register in 2023.

21. The 2023 Tribunal identified a number of factors in favour of Dr Ghafoor's application, recognising that he has worked continuously as a staff grade anaesthetist in other jurisdictions since his erasure from the UK medical register.

22. The 2023 Tribunal was satisfied that Dr Ghafoor had good insight into his clinical failings concerning Mr K, and that he had remediated them such that they were unlikely to be repeated. It noted that Dr Ghafoor had obtained membership of the College of Anaesthetists of Ireland in 2017 and had kept his knowledge and skills up to date over the years in a variety of ways. The 2023 Tribunal was satisfied that Dr Ghafoor had impressed the colleagues who had worked with him in Ireland and Pakistan in the time since his erasure and was presented with no evidence to suggest that he had repeated any aspect of his misconduct.

23. The 2023 Tribunal was concerned, however, that Dr Ghafoor's insight into the probity matters was not fully developed. It noted that the dishonesty found by the 2010 Panel was repeated, multi-layered and extended over a period of years. It considered that his reflection was limited and that he had not demonstrated that he had fully remediated all aspects of the impaired fitness to practise found in 2010. The 2023 Tribunal considered that the risk of repetition was low, but that repetition of similar misconduct in future could not be ruled out.

24. The 2023 Tribunal found that, in the absence of full insight and remediation of the probity matters, patients could be at risk of harm in future if Dr Ghafoor was restored to the medical register. It considered that a reasonable and properly informed member of the public would know that Dr Ghafoor had remediated the clinical concerns to the satisfaction of the Tribunal in 2023 and had worked safely and maintained his skills and knowledge over a period of years without repeating any aspect of his misconduct. However, it also noted that such a member of the public would also know that his dishonesty had been prolonged and wide ranging, that he was not considered at that time to have full insight into all aspects of it and that it had not at that stage been fully remediated. The 2023 Tribunal also considered that permitting Dr Ghafoor to return to practice in those circumstances would send the wrong message to him, to other doctors and to the public about the standards of professional conduct expected of registered medical practitioners.

The current restoration hearing

The evidence

25. The Tribunal has taken into account all the relevant evidence that it has received, both oral and documentary.

26. Dr Ghafoor provided his own witness statement dated 6 April 2026 and also gave oral evidence at the hearing.

Documentary evidence

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

On behalf of the GMC

- Determinations from FTP hearing, November 2010
- Application for restoration May 2018
- GMC Correspondence with the Irish Medical Council (IMC)
- Application for restoration November 2022
- Determination from 2023 Restoration hearing
- Application for restoration for this hearing

On behalf of Dr Ghafoor

- Dr Ghafoor's witness statement dated April 2026
- Evidence to show that Dr Ghafoor had passed an exam with the Royal College of Anaesthetists in October 2025
- Certificate of membership of the Royal College of Anaesthetists
- Certificate of good standing with the Irish Medical Council
- Testimonials from colleagues in Ireland and Pakistan
- Evidence of relevant CPD, including courses on probity and ethics from 2024
- Letters confirming Dr Ghafoor's charity work with the 'International Medical Relief Academy' organisation and the 'Noor Foundation UK'

Submissions on the basis of the oral and documentary evidence before the Tribunal

On behalf of the GMC

28. Ms Katie Jones, Counsel, submitted that Dr Ghafoor's application for restoration to the medical register was opposed by the GMC. She reminded the Tribunal that a doctor could only be restored to unrestricted practice. Ms Jones submitted that Dr Ghafoor appeared not

to accept some of the findings of the 2010 Panel, which this Tribunal could not go behind. Ms Jones submitted that the circumstances leading to Dr Ghafoor's disciplinary erasure were extremely serious, involving multiple very serious probity concerns which spanned years, and which were characterised by the 2023 Tribunal as 'conduct which spiralled into a web of deceit'.

29. Ms Jones reminded the Tribunal of the 2010 Panel's finding that Dr Ghafoor had a flaw in his character indicative of a deep-seated attitudinal problem. She acknowledged that Dr Ghafoor has gained a vast amount of additional experience working outside of the UK as an anaesthetist and has undertaken examinations and relevant CPD, although in Ireland he only worked in a supervised capacity. Ms Jones submitted that it is clear from Dr Ghafoor's evidence that he does not fully accept the 2010 Panel's findings that he did not attempt to insert a CVP line in Mr K's case.

30. Ms Jones reminded the Tribunal of Dr Ghafoor's evidence that, in the context of his use of the phrase 'lapse of judgement' to describe his conduct, he did not know the meaning of the word 'lapse.' She submitted that, as an experienced practitioner, he should know that if submitting an important document in proceedings such as these it is his responsibility to ensure that it is accurate and says what he intends for it to say.

31. Ms Jones acknowledged that English is not Dr Ghafoor's first language and there has appeared to be some level of difficulty in communication during the hearing, however, she stated that the doctor's English was good enough for him to work in a highly specialised field in an English-speaking country. Ms Jones submitted that, in Dr Ghafoor's evidence, he has often failed to give clear and cogent answers to questions put to him, including the question of why he behaved in a dishonest manner on different occasions over a significant period of time, something which was asked of him on a number of occasions.

32. Ms Jones submitted that Dr Ghafoor had clearly kept his knowledge and skills up to date whilst working outside of this jurisdiction. She submitted, however, that the Tribunal might expect to see more evidence of learning given the comments made by the 2023 Tribunal.

33. Ms Jones submitted that dishonesty is notoriously difficult to remediate and an understanding of why the dishonesty occurred is crucial to the development of insight. She submitted that the doctor's inability to adequately answer this question in written or oral evidence indicated that Dr Ghafoor's insight is only partial, even after all the years that have elapsed since his erasure.

34. Ms Jones submitted that Dr Ghafoor has not done enough to satisfy the Tribunal that there is no risk of similar behaviour recurring in future. She reminded the Tribunal that it should consider whether the reasonable and properly informed member of the public would be surprised or concerned to learn that Dr Ghafoor had been permitted to return to unrestricted practice. She submitted that such a person would be very concerned to learn that Dr Ghafoor had been restored to unrestricted practice in these circumstances. Ms Jones went on to submit that it was not in the public interest to restore Dr Ghafoor to the register, given his only partial insight into the seriousness of his departure from the standards expected of registered medical practitioners.

On behalf of Dr Ghafoor

35. Dr Ghafoor submitted that he should be allowed to rejoin the medical register. He told the Tribunal that he accepts full responsibility for his past actions in working whilst on sick leave and in not disclosing restrictions placed on him by the Trust. He assured the Tribunal that he would not repeat these actions. He submitted that he understood the impact on others and on the public. Dr Ghafoor submitted that he had developed his understanding of the importance of honesty and integrity and apologised for his past actions. He also submitted that he understood the importance of being open and transparent with his regulator as well as treating colleagues with respect. He submitted that he had put safeguards in place to ensure the mistakes were never repeated. Dr Ghafoor submitted that he would maintain the trust of the public and his colleagues.

36. Dr Ghafoor submitted that, in saying he had attempted to insert the CVP line, he meant that he had put the patient's head down in order to do this, but not that he had inserted the line into the patient's vein. He said that he should have been more clear and precise in his language and that the issue was in his interpretation of the word 'attempt' when asked about this in his evidence by the Tribunal.

37. Dr Ghafoor told the Tribunal that he had also used the word 'lapse' incorrectly in his email and took responsibility for not checking the document. Similarly, Dr Ghafoor said that the reference within his statement to financial motivation for his actions had been generated by Chat GPT and did not accurately capture what he had meant to convey. He apologised for this, having clarified during his evidence in response to Tribunal questions that his position was that his actions had not been financially motivated.

38. Dr Ghafoor told the Tribunal that he had worked independently and unsupervised in Pakistan and that his supervisor in Ireland had confirmed that he would shortly be ready to work independently. He submitted that, having undertaken supervised work for two years he will now be eligible for unsupervised roles in Ireland and full registration with the IMC, further that he will be completing his examination to become a Fellow of the College of Anaesthetists in Ireland in November, having already passed the first part of the exam at the end of 2025.

39. Dr Ghafoor submitted that, if restored to the medical register, he would not be applying for senior posts but would start at junior level and seek regular feedback to improve his practise.

The Tribunal's Approach

40. The Tribunal reminded itself that its power to restore a practitioner to the Medical Register is a discretionary power to be exercised in the context of the Tribunal's primary responsibility to act in accordance with the statutory overarching objective, to protect the public, as set out later in this determination.

41. While the Tribunal has borne in mind the submissions made by the parties, the decision as to whether to restore Dr Ghafoor's name to the Medical Register is a matter for this Tribunal exercising its own judgment.

42. Throughout its consideration of Dr Ghafoor's application for restoration, the Tribunal was guided by the approach laid out in the MPTS 'Guidance for medical practitioners tribunals on restoration following disciplinary erasure' ('the guidance').

43. The Tribunal reminded itself that the onus is on Dr Ghafoor to satisfy it that he is fit to return to unrestricted practice and that the Tribunal should not seek to go behind the original Tribunal's findings on facts, impairment and sanction. The Tribunal was mindful that if granted, restoration returns a doctor to full unrestricted practise and that it does not have the power to accept undertakings or impose conditions upon a doctor's practice when being restored to the register.

44. The Guidance sets out at B2 that the test for the Tribunal to apply when considering restoration is:

"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?"

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

a. the circumstances that led to the erasure;
b. whether Dr Ghafoor has demonstrated insight into the matters that led to erasure, taken responsibility for his actions and actively addressed the findings about his behaviour or skills;
c. what Dr Ghafoor has done since his name was erased from the register;
d. the steps Dr Ghafoor has taken to keep his skills and knowledge up to date; and
e. the lapse of time since erasure;

and then go on to determine whether restoration will meet the overarching objective, considering any factors relevant to the original erasure and the new information provided.

46. Having considered all of those matters the Tribunal is required to step back and balance its findings about Dr Ghafoor's fitness to practise against whether restoration will achieve public protection. This balancing exercise involves careful consideration of each of the three parts of public protection which are to:

• To protect, promote and maintain the health, safety and well-being of the public;
• To promote and maintain public confidence in the profession, and
• To promote and maintain proper professional standards and conduct for members of the profession.

The Tribunal's decision

47. The Tribunal has considered the parties' submissions carefully and has evaluated the evidence in order to reach its decision as to whether Dr Ghafoor is fit to practise.

<u>The circumstances that led to disciplinary erasure</u>

48. In its deliberations the Tribunal had regard to the following paragraphs of the guidance:

'B5 The MPT will be provided with copies of the previous MPT or panel's determinations. This will enable them to fully consider the background to the restoration application and identify the specific past concerns about the doctor's fitness to practise.

B6 The reasons given by the previous MPT or panel to direct erasure will help the MPT understand why erasure was the only proportionate means by which public protection could be achieved. The previous determination may also contain helpful information about the doctor's level of insight and remediation at the time of erasure.'

49. The Tribunal had full regard to the determinations of the 2010 Panel throughout its deliberations and has also taken account of the findings of the 2023 Restoration Tribunal. The Tribunal bore in mind that it should not seek to go behind any of the findings of fact made by the 2010 Panel.

50. This Tribunal considered whether Dr Ghafoor has now addressed the concerns raised by both the 2010 Panel and, more recently, the concerns about the remaining gaps in his insight expressed by the 2023 Restoration Tribunal.

Whether Dr Ghafoor has demonstrated insight into the matters that led to erasure, taken responsibility for his actions, and actively addressed the findings about his behaviour or skills

51. The Tribunal had regard to paragraphs B7 – B10 of the guidance and in particular noted the following paragraphs:

B7 It will be important for the MPT to assess whether the doctor has demonstrated insight into the findings that led to their erasure. It is crucial that a doctor has genuine insight into what went wrong and appreciates what could have been done differently. They should also understand how they could act differently in the future to avoid similar concerns occurring again.
B8 Evidence of the doctor's current level of insight will be a significant factor for the MPT in assessing the risk the doctor may repeat the previous misconduct or poor performance that resulted in them being erased from the medical register.

B9 To assess the doctor's response to the matters that led to erasure, the MPT should consider the evidence available to them to establish if the doctor has:

a. shown insight into their own practice, behaviour and/or impact of a health condition

b. taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation.'

Clinical deficiencies in respect of the treatment of Mr K

52. The Tribunal had regard to the findings made in 2023 about Dr Ghafoor's work as an anaesthetist in Ireland and Pakistan since his erasure from the medical register in 2010. The Tribunal considered that the 2023 Tribunal had been satisfied that Dr Ghafoor had good insight into these failings and had remediated the clinical concerns. The 2023 Tribunal also found that Dr Ghafoor was genuinely remorseful for the errors he made in his care of Mr K.

53. The Tribunal noted that the 2023 Tribunal's determination highlighted the oral evidence he gave at the hearing indicating that he understood what went wrong and accepted that he should have acted differently. Dr Ghafoor also explained to the 2023 Tribunal how he would manage a similar situation appropriately. The 2023 Tribunal also noted that Dr Ghafoor was able to refer during his evidence to other similar cases he had dealt with relatively recently in his professional practice and to explain how he had applied his learning effectively to the treatment of those patients. The 2023 Tribunal also heard compelling evidence in respect of Dr Ghafoor's clinical competence and professionalism from a consultant colleague who had worked with him in his work as a registrar in Ireland, which included evidence that Dr Ghafoor had discussed the incident with her in detail.

54. The Tribunal noted that, in oral evidence to this Tribunal, Dr Ghafoor had continued to reflect on the failings he made in Mr K's care in 2010 and had been clear that in future he would listen to the advice of a senior colleague and apply the learning and skills he had developed in the intervening years.

55. The Tribunal was satisfied that Dr Ghafoor has developed full and meaningful insight into the deficiencies in his clinical practice which existed in 2010 and which contributed to his erasure from the medical register at that time. It was also satisfied that, by continuing his career as an anaesthetist overseas and engaging in ongoing continuing professional development, he has fully remediated those deficiencies. The Tribunal therefore considered that Dr Ghafoor's fitness to practise is not impaired on the basis of deficient professional performance.

Dishonesty

56. The Tribunal bore in mind that the dishonesty matters found by the 2010 Panel were numerous, wide ranging, and occurred over a significant period of time. Further, given the 2010 Panel's findings that Dr Ghafoor had a flaw in his character which was indicative of a deep-seated personality or attitudinal problem, it accepted that the probity matters are very difficult to remediate, although not impossible.

57. The Tribunal also had regard to the examples of exceptionally serious types of cases for which restoration to the register would be unlikely to meet the legal duty to protect the public. Dishonesty is not listed in this paragraph as an example of such a case. The Tribunal recognised that the list given in the guidance is not exhaustive but nevertheless considered that the absence of dishonesty from this list was indicative that it was not, in every case, fundamentally and permanently incompatible with GMC registration.

58. The Tribunal identified the following dishonest conduct in the 2010 Panel's determination:

- That Dr Ghafoor blamed Nurse B during the Trust investigation and hospital inquiry for his not inserting the CVP line in Mr K's case, as instructed by Dr A
- Undertaking locum shifts whilst on sick leave and / or not in accordance with restrictions and lack of transparency with locum agency and various hospitals that he was subject to restrictions and with the Trust that he had undertaken such work

Nurse B

59. The Tribunal had regard to Dr Ghafoor's oral and written reflections in respect of his having blamed Nurse B for his clinical failings in the treatment of Mr K. Dr Ghafoor expressed understanding and remorse about the impact it would have had on Nurse B to be blamed by a senior colleague for a serious clinical incident, which had involved a patient's death and which had led to a Trust investigation and inquiry at the hospital.

60. The Tribunal was satisfied that Dr Ghafoor has now developed his insight into this aspect of his misconduct, having taken on board the findings of the 2023 Tribunal and focused his reflections on this aspect of the dishonesty.

61. The Tribunal took into account that, since the 2023 Restoration hearing, Dr Ghafoor has made further attempts to apologise to Nurse B for his actions, including sending a written

apology by email, although Nurse B has not acknowledged it. The Tribunal had regard to his evidence that he did not wish to pressurise Nurse B by continued attempts to contact her. The Tribunal was satisfied that Dr Ghafoor had made all reasonable efforts to establish contact with Nurse B in order to apologise and to take responsibility for his actions without becoming intrusive or inappropriate in persistent attempts to do so.

62. Dr Ghafoor also gave evidence about his understanding, developed from recent learning and reflection, of the potential impact on the confidence and ability of hospital staff in raising concerns in future and the adverse effect this could have on patient safety. The Tribunal considered that Dr Ghafoor has demonstrated sufficient insight into this aspect of his dishonest conduct and that he fully understands the seriousness of his having acted in this way.

63. The Tribunal also took into account that Dr Ghafoor has now worked in similar environments with colleagues for nearly 16 years without apparent issue. When asked in oral evidence, Dr Ghafoor was able to provide an example of collaborative working from his later career where he had taken on board the feedback of a nurse colleague in Pakistan to the benefit of patient care.

64. The Tribunal was satisfied in all the circumstances of this case that Dr Ghafoor has shown full insight and has remediated this aspect of the dishonesty found by the 2010 Panel.

<u>Undertaking locum shifts whilst on sick leave and / or not in accordance with restrictions and lack of transparency with locum agency and various hospitals that he was subject to restrictions and with the Trust that he had undertaken such work</u>

65. The Tribunal noted that at the 2010 hearing Dr Ghafoor admitted in his oral evidence that:

> *working in locum posts, while at the same time being signed off as too sick to work, was not an honest thing to do;*

and that he admitted that

> [he] *did not inform either the locum agency or any of the hospitals at which* [he] *worked that* [he] *had restrictions on* [his] *practice which required* [him] *to be supervised at all times.*

and that

[he] *did not inform the Trust that* [he was] *undertaking paid work whilst on sickness absence.*

66. The Tribunal noted that the 11 locum shifts which he undertook between 15 November 2008 and 21 March 2009 were undertaken during the investigation into the incident at Tameside Hospital by the Trust, and that the restrictions which he breached were imposed on his practice by the Consultant Anaesthetist who was involved in the incident. It also noted his explanation that he was angry about the restrictions which were imposed and that he attributed some responsibility for the outcome of that incident to that Consultant, and that he was XXX at the time as a result of the investigation and due to personal issues. The Tribunal noted Dr Ghafoor's point that he was exasperated by the Trust at the time.

67. The Tribunal noted that prior to the events which were the subject of the 2010 determination Dr Ghafoor had a clean fitness to practise history and was not subject to any allegations of dishonesty. The Tribunal is of course aware that Dr Ghafoor maintained his denial of dishonesty in relation to most of these matters up to and including the 2010 fitness to practise hearing. The question for the Tribunal now is whether he has shown insight into his behaviour and taken steps which have reduced the risk of similar allegations occurring again.

68. The Tribunal has reached the conclusion, on the basis of Dr Ghafoor's written reflections and oral evidence, that it is clear that he accepts that his actions in this regard constituted serious dishonesty, and that whatever the reasons for his conduct between November 2008 and March 2009, they never did, nor never could justify his dishonest behaviour.

69. The Tribunal was satisfied that Dr Ghafoor has demonstrated genuine remorse, taken responsibility for his actions and addressed the findings of the 2010 Panel. It considered that there is little Dr Ghafoor could do at this stage to meaningfully develop deeper insight into this and to demonstrate further remediation, in light of the steps he has taken since his previous unsuccessful application for restoration.

<u>What has Dr Ghafoor done since his erasure</u>

70. The Tribunal noted that Dr Ghafoor has been continually working in medical practice in his field of anaesthesiology since being erased from the UK medical register. Dr Ghafoor succeeded in becoming a Member of the College of Anaesthetists of Ireland in 2017, which

enabled him to gain registration in a supervised capacity with the Irish regulator for a period of two years. He is now eligible to work in an unsupervised capacity in Ireland although he has yet to be granted a certificate to that effect. He has passed the first part of his exam to enable him to be awarded a fellowship of the College of Anaesthetists of Ireland. He is due to complete the second part – the viva - in November. He has taken much of the current year off to study and prepare for that examination. He has carried out three periods of work in the Sakina Hospital in Pakistan, which account for nine years of that time, and has undertaken a number of roles at hospitals in the Republic of Ireland. He also worked as a clinical tutor from July 2016 to June 2017 in the graduate entry medical school at Limerick University Hospital.

Medical knowledge and skills

71. The Tribunal was reassured that Dr Ghafoor has not sought to work outside of his area of clinical competency but has instead sought to develop his knowledge and skills through appropriate means, such as achieving membership of the College of Anaesthetists of Ireland and engaging in appropriate CPD.

72. The Tribunal was also reassured by the examinations undertaken by Dr Ghafoor, in that there will also have been an objective assessment of his team working and clinical decision making, as well as his knowledge of procedure. The Tribunal considered that this strengthens Dr Ghafoor's position that he has consistently worked well with colleagues at various levels since 2010.

73. Dr Ghafoor has now completed the two-year period of supervised practice in Ireland required for him to apply for unsupervised work and has presented the Tribunal with letters of recommendation from senior colleagues in Ireland to demonstrate that he is considered capable of working without supervision. Although Dr Ghafoor has not yet begun to practise in Ireland without supervision, the Tribunal was satisfied on the basis of the evidence presented that he has now completed the period of supervised practice to enable him to do so. In addition, Dr Ghafoor intends to sit examinations in November of this year to obtain a Fellowship of the College of Anaesthetists of Ireland.

74. Dr Ghafoor has provided this Tribunal with a range of testimonials from his work in Pakistan and in Ireland, all of which attest to his character and integrity as a professional colleague as well as the quality of his clinical work. The Tribunal noted that some of the testimonials were able to be verified by the GMC and some were not, although it noted that references from overseas may be more difficult to verify. The Tribunal attached more weight

to the verified references than the unverified ones, however, it took account of all of the testimonial evidence in the round.

75. The Tribunal also noted the evidence of CPD Dr Ghafoor provided to show that he is continuing to keep his knowledge and skills up to date. The Tribunal considered that the CPD was targeted to the issues identified to ensure that he did not repeat his previous clinical failings as well as to develop his career in anaesthetics.

76. The Tribunal was satisfied that, because of his continued medical career overseas and continued professional development, Dr Ghafoor has been able to demonstrate that he has been able to work well with colleagues in a comparable environment and that no further concerns about his probity or clinical skill have arisen in the intervening time.

Lapse of time since erasure

77. The Tribunal had regard to paragraph B18 and B19 of the Guidance, which state:

> ***B18*** *The length of time that has elapsed since the doctor was erased may be relevant to the MPT's decision, although it will not necessarily equate to the doctor no longer posing a current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response.*
>
> ***B19*** *Conversely, the longer the doctor has been away from clinical practice, the greater the likelihood that their knowledge and skills will have deteriorated to a degree that may place patients at risk. MPTs should pay close regard to how the doctor has maintained their knowledge and skills during a lengthy period away from the register.*

78. The Tribunal was satisfied that the considerations set out in paragraph B19 did not apply in this case for the reasons set out above. It considered, then, that paragraph B18 indicated that it was relevant to an assessment of current risk to consider the significant length of time which has passed since Dr Ghafoor's erasure. The Tribunal considered that 16 years is a significant period in the context of a continuing medical career. It is clear to this Tribunal that Dr Ghafoor has continued to learn and reflect on his practice and has been able to apply his learning in practical clinical environments. The Tribunal was satisfied that although not a deciding factor in and of itself, the lapse of time since Dr Ghafoor was erased from the medical register supported his application for restoration when considered alongside the evidence of his insight and remediation in that time.

Will restoration achieve public protection?

79. Having made the above findings as to whether Dr Ghafoor is fit to practise, the Tribunal should then step back and balance its findings about the doctor's fitness to practise against whether restoration will achieve public protection. This balancing exercise will involve careful consideration of each of the three parts of public protection which are to:

- To protect, promote and maintain the health, safety and well-being of the public
- To promote and maintain public confidence in the profession, and
- To promote and maintain proper professional standards and conduct for members of the profession.

80. In addressing the first limb, the Tribunal considered, in accordance with the Guidance, whether there was any risk of repetition of the conduct which had led to erasure and concluded that the risk was very low. It was clear to the Tribunal that Dr Ghafoor has avoided any repetition over the 16 years of practise that followed his erasure.

81. In regard to the second limb, the test to apply was whether the public, as exemplified by a well-informed member of the public, would have its confidence in the medical profession undermined by restoration. The Tribunal found that this was not the case. The Tribunal took the view that Dr Ghafoor's conduct was serious but not of the type where restoration, no matter how much insight and remediation had taken the place, would damage public confidence (as per the Guidance at paragraphs B48 to B50). The Tribunal also took the view that his work in Ireland and Pakistan since 2010 and his evidence before the Tribunal would provide sufficient reassurance to that member of the public.

82. Finally, the Tribunal considered the necessity of promoting professional standards. It was of the view that Dr Ghafoor's misconduct, while a significant departure from the required standards, had been fully remediated. It considered that restoring him now to the register would not undermine the promotion of good standards or encourage similar conduct in the future.

83. Having considered these matters individually and in the round and having carried out the appropriate balancing, the Tribunal determined that Dr Ghafoor's name be restored to the Medical Register.