

Dates: 06/07/2020 – 07/07/2020

Medical Practitioner's name: Dr Muhammad IMRAN

GMC reference number: 5172704

Primary medical qualification: MB BS 1986 University of Punjab
(Pakistan)

Type of case **Outcome on impairment**
Restoration following disciplinary erasure

Summary of outcome

Restoration application refused. No further applications allowed for 12 months from last application.

Tribunal:

Legally Qualified Chair	Ms Louise Sweet QC
Lay Tribunal Member:	Mrs Valerie Blessington
Medical Tribunal Member:	Dr Richard Brighton-Knight

Tribunal Clerk:	Miss Evelyn Kramer
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Attendance and Representation:

Medical Practitioner:	Present and not represented
Medical Practitioner's Representative:	N/A
GMC Representative:	Ms Elizabeth Dudley-Jones, 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 - 07/07/2020

Background

1. This is Dr Imran's first restoration application. His name was erased from the Medical Register for disciplinary reasons in April 2014, following two Fitness to Practise Panels.
2. Dr Imran qualified in 1986 from the University of Punjab in Pakistan. He first registered with the GMC in August 1997.

The 2013 Fitness to Practice Panel

3. Dr Imran's case was first considered by a Fitness to Practise Panel in August and September 2013 ('the 2013 Panel'). Dr Imran did not attend or have legal representation at the hearing.
4. At the time of events that led to Dr Imran's first hearing, he was employed as a specialty doctor in obstetrics and gynaecology at the Royal Bolton Hospital NHS Foundation Trust ('The Trust') between 2 August 2010 and 23 April 2012. At the first hearing, the GMC alleged that while Dr Imran was employed at The Trust he frequently arrived late and/or left early from clinical duties, spent an inappropriate amount of time on his mobile phone and an inappropriate amount of time on the internet. It was also alleged that Dr Imran failed to follow the instructions of his senior Consultant colleagues on four separate occasions and that during a specific weekend he failed to provide his colleagues with adequate support. It was further alleged that when a colleague requested that Dr Imran see a patient in Accident and Emergency (A&E), during a telephone conversation, he refused and terminated the call abruptly. It was also alleged that Dr Imran inappropriately contacted two patients by telephone and that his motivation for doing so was sexual.
5. The 2013 Panel sat for 13 days and heard oral evidence from ten witnesses. The Tribunal made the following findings of fact:
 1. Between 2 August 2010 and 23 April 2012 you were employed as a specialty doctor in Obstetrics and Gynaecology by the Royal Bolton Hospital

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NHS Foundation Trust;

Has been found proved

2. During your employment you
 - a. frequently arrived late for clinical duties,
Has been found proved
 - b. frequently left early from your clinical duties,
Has been found proved
 - c. spent an inappropriate amount of time on your mobile phone,
Has been found not proved
 - d. spent an inappropriate amount of time on the internet;
Has been found proved
3. You failed to follow the instructions of Consultant colleagues on
 - a. 3 February 2011 when you were instructed to remove an intrauterine contraceptive coil in a patient suffering from pelvic inflammatory disease,
Has been found proved
 - b. ~~2 March 2011~~ 12 February 2011 when you were instructed to carry out a vaginal examination on a patient who had retained a swab,
Amended under Rule 17(6)
Has been found not proved
 - c. a date unknown when you were asked to review a patient on ward M1 who was suffering from an infection,
Has been found not proved
 - d. a date unknown when you refused to return to the Women's Health Care Clinic after having left before the clinic had finished;
Has been found proved
4. During the weekend of 11-13 February ~~or March~~ 2011 failed to provide adequate support for colleagues with whom you were working;
Amended under Rule 17(6)
Has been found proved
5. On 23 February 2011 you were telephoned by a colleague in the Accident and Emergency Department who was seeking to discuss a patient's on-going management but you refused to see the patient again and

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terminated the call abruptly;
Has been found proved

6. In or around February or March 2011 you inappropriately contacted patient A by telephoning her and sending her a text from your personal mobile phone;
Has been found proved

7. You inappropriately contacted patient B by telephone

a. in or around July or August 2011,
Has been found not proved

b. on or around 19 November 2011;
Has been found proved

8. Your actions at paragraphs 6 and 7 above were sexually motivated.
Has been found not proved

And that by reason of the matters set out above your fitness to practise is impaired because of

a. your misconduct

b. your deficient professional performance.

6. In determining impairment, the 2013 Panel had to consider whether Dr Imran's fitness to practise was impaired by reason of misconduct, or whether, in the alternative, his fitness to practise was impaired by reason of deficient professional performance.

7. The 2013 Panel considered paragraphs 2-5 of the Allegation individually and then collectively. The 2013 did not find that Dr Imran's actions set out in paragraphs 2a, 2b, 4 and 5 amounted to misconduct and accordingly discounted them. While the 2013 Panel did find that Dr Imran's actions set out in paragraphs 2b and 3d did amount to misconduct, it was of the view that neither constituted serious misconduct.

8. The 2013 Panel considered the facts found proved in relation to paragraph 3a of the Allegation. It had already found that Dr Imran failed to follow instructions from Consultant colleagues to remove an intrauterine contraceptive coil from a patient with an infection. The 2013 Panel heard evidence from two Consultants at The Trust who stated that the intrauterine device provided a risk of sepsis; and that the overnight delay increased the risk for the patient and created the potential for a longer recovery period. The 2013 Panel determined that Dr Imran did not have a

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reasonable explanation for failing to remove the coil. The 2013 Panel determined that the failure was unnecessary and avoidable. The 2013 Panel considered that Dr Imran's failure to remove the device constituted misconduct serious enough to warrant a finding of serious professional misconduct.

9. The 2013 Panel considered whether, having only found serious misconduct in relation to sub-paragraph 3a of the Allegation, the other paragraphs found proved amounted to deficient professional performance. The 2013 Panel concluded that though Dr Imran's conduct fell below the accepted standard of a reasonably competent practitioner, there were not any features indicating that Dr Imran's conduct was so serious as to constitute a finding of deficient professional performance.

10. The 2013 Panel then considered paragraphs 6 and 7 of the Allegation, which the GMC had submitted related '*purely to misconduct*'. The 2013 Panel had already found that Dr Imran's contact with Patient A was inappropriate as there was no clinical need for his telephone communications. The 2013 Panel noted that the frequency of Dr Imran's contact with Patients A caused significant distress and led to reports being made to The Trust and the police. Further, the 2013 Panel noted that Dr Imran either retained or sought out Patient A's telephone number and attempted to obtain her email address. In his actions, Dr Imran not only breached the trust of Patient A, he also risked bringing the medical profession into disrepute, and undermined public confidence. The 2013 Panel determined that Dr Imran's behaviour in contacting Patient A amounted to misconduct. The 2013 Panel found that Dr Imran's actions breached a number of paragraphs of Good Medical Practice (2006) ('GMP 2006') and that his behaviour would have been regarded as deplorable by fellow members of the profession. Accordingly, the 2013 Panel found that Dr Imran's actions, as set out in paragraph 6 of the Allegation, amounted to serious misconduct.

11. Regarding paragraph 7b, the 2013 Panel noted that Dr Imran's inappropriate contact with Patient B occurred after he was explicitly told by a senior colleague that his contact with Patient A had been inappropriate, and followed a disciplinary finding about the same inappropriate communications. As with Patient A, the 2013 Panel noted that Dr Imran either retained or sought out Patient B's telephone number. Further, it noted that Dr Imran's call to Patient B, on or around 19 November 2011, was made so long after Patient B's appointment it caused her considerable concern as to whether there was an urgent clinical reason for the communication. The 2013 Panel concluded that Dr Imran's actions regarding Patient B met the same criteria and breached the same paragraphs of GMP 2006, and therefore also amounted to serious misconduct.

12. In light of the 2013 Panel's findings in relation to paragraphs 3a, 6, and 7b of the Allegation, it went on to consider whether Dr Imran's fitness to practise was currently impaired by reason of misconduct. The 2013 Panel considered that Dr

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Imran's failure to follow instructions to remove the intrauterine device represents a breach of one of the fundamental tenets of the medical profession in that he failed to respect skills and contributions of his colleagues and communicate effectively. Further, it considered that as well breaching a number of principles set out in GMP 2006, by communicating inappropriately with Patient A and Patient B, Dr Imran risked bringing the medical profession into disrepute.

13. The 2013 Panel considered that Dr Imran's misconduct was remediable but noted that it had received no evidence to demonstrate any attempts made by Dr Imran to remediate his misconduct. Further it found that Dr Imran had shown '*negligible insight into this misconduct*' and therefore considered that the risk of repetition of such behaviour was high. The 2013 Panel concluded that a finding of impairment was required to uphold and declare proper standards of professional conduct, and to maintain public confidence in the profession.

14. Having found Dr Imran's fitness to practise impaired, the 2013 Panel went on to consider what sanction, if any, to impose. The 2013 Panel accepted that Dr Imran's behaviour demonstrated '*attitudinal shortcomings*', and a lack of insight rather than any '*harmful deep-seated personality problems*'. The 2013 Panel noted that Dr Imran's lack of engagement with the regulatory process prevented any references or testimonials being presented, and noted that there had been no expressions of regret or apology by him.

15. The 2013 Panel concluded that while Dr Imran's actions constituted a serious departure from the principles set out in GMP 2006, his actions were not so serious as to be fundamentally incompatible with continued registration as a doctor. The 2013 Panel determined to suspend Dr Imran's registration for a period of six months. It determined that a six month suspension sufficiently marked the seriousness of Dr Imran's misconduct and would give him sufficient time to reflect on his behaviour and gather evidence in support of the any insight he had gained. The 2013 Panel directed a review and noted that the Review Panel would be assisted by Dr Imran demonstrating his engagement with the regulatory process, and providing evidence of his insight and remediation, including a demonstration that he fully appreciated the gravity of his misconduct and evidence that he had maintained his clinical skills and knowledge. Given the seriousness of its findings, the 2013 Panel determined to impose an immediate suspension on Dr Imran's registration.

The 2014 Fitness to Practise Review Panel

16. Dr Imran's fitness to practise was reviewed by a Fitness to Practise Panel in March 2014 ('the 2014 Review Panel'). Dr Imran was neither present nor represented at his review hearing.

17. In considering whether Dr Imran's fitness to practise remained impaired, the 2014 Review Panel considered various emails from Dr Imran to the GMC. This

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included an email from Dr Imran to the GMC, dated 18 October 2013 in which he stated:

...Leaving UK after this GMC so called hearing and suspension opera proved to be a blessing in disguise for me... This suspension means nothing to me...

18. It also received into evidence an email from Dr Imran, dated 17 December 2013 in which he wrote:

I would only add that please let the dust settle and time will decide that I was not wrong and Royal Bolton victimised me just out of jealousy as they have done this before.

19. The 2014 Review Panel concluded that Dr Imran continued to demonstrate a fundamental lack of insight into the seriousness of his misconduct. It considered that Dr Imran had shown apparent contempt for his regulator and demonstrated an entrenched lack of insight into the matters which had initially brought him before his regulator. The 2014 Review Panel noted that Dr Imran had failed to provide any evidence to demonstrate his appreciation of the gravity of his misconduct and any attempts to remediate. Further, it noted that beyond confirmation from Dr Imran that he was working as a doctor in Pakistan, it had no evidence of how he had maintained his clinical skills and knowledge whilst suspended. The 2014 Review Panel considered that there remained a high likelihood of repetition and that Dr Imran presented a high risk to patients. Therefore, the 2014 Review Panel concluded that Dr Imran's fitness to practise remained impaired by reason of misconduct.

20. The 2014 Review Panel went on to consider what sanction, if any, to impose on Dr Imran's registration. It noted that Dr Imran had not provided any of the evidence requested by the 2013 Panel to be presented at a review. Further, the 2014 Review Panel considered that Dr Imran's lack of insight had become entrenched. It found that Dr Imran's emails showed that he did not take any responsibility for his actions nor had he engaged with his regulator appropriately. Given the serious and ongoing risk of repetition identified by the 2014 Review Panel, it concluded that a further period of suspension would not be sufficient to protect patients and the public interest in Dr Imran's case. The 2014 Review Panel was of the view that Dr Imran had demonstrated an entrenched disregard for his regulator in his communications with the GMC since the conclusion of his substantive hearing in 2013.

21. The 2014 Review Panel considered that a further period of suspension would serve no long-term purpose as Dr Imran had made it clear that he had no intention of engaging with the GMC at the time of the Review or in the future. The 2014 Review Panel was of the view that Dr Imran's disregard for his regulator and his lack of insight into his misconduct demonstrated a fundamental incompatibility with continued registration. Accordingly, it determined that the only appropriate sanction

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in Dr Imran’s case was one of erasure. The 2014 Review Panel concluded that erasure was the necessary and proportionate sanction in Dr Imran’s case given the need to protect patients and the public.

Today’s Restoration Hearing

22. This Tribunal has convened to consider Dr Imran’s application for his 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 Evidence

23. The GMC called no witnesses to give oral evidence and relied solely on the documentary evidence provided to the Tribunal.

24. Dr Imran gave oral evidence at the hearing and relied upon the documentary evidence he had provided.

25. The Tribunal has taken into account all the documentary evidence provided by both parties. This evidence included, but was not limited to:

- Transcripts from the 2013 Panel and the 2014 Review Panel, various dates;
- Determinations of the 2013 Panel, various dates;
- Outcome letter sent to Dr Imran from MPTS following 2013 Panel, dated 17 September 2013;
- Public minutes from 2014 Review Panel, 18 March 2014;
- Outcome letter sent to Dr Imran from MPTS 2014 Review Panel, dated 19 March 2014
- Dr Imran’s restoration application, dated 25 July 2019;
- Provision of medical services statements from Dr A, dated 24 July 2019 and Dr B, dated 15 February 2020;
- Letter from Dr Imran to the GMC requesting resumption of registration, dated 25 July 2019;
- Copy of Dr Imran’s Pakistani passport;
- Certificate of Full Medical Registration from Pakistan Medical and Dental Council, dated 26 October 1986;
- Certificate of admittance as a Member of Royal College of Obstetricians and Gynaecologists, dated 19 May 2000;
- Dr Imran’s exam result for Obstetrics and Gynaecology from Saudi Commission for Health Specialities, dated 27 October 2014;
- Certificate of Good Standing from Pakistan Medical and Dental Council, dated 23 February 2017;

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- Experience Certificate from King of Saudi Arabia Ministry of Health, undated;
- Experience Certificate from Social Security Teaching Hospital, Lahore, dated 22 February 2020;
- Letter to GMC from Dr A about Dr Imran’s work at the Sultana Memorial Hospital, undated;
- Correspondence sent from Operational Manager at Isle of Wight NHS Trust to Dr Imran, dated 21 May 2001;
- Reference for Dr Imran from Consultant Obstetrician and Gynaecologist at Newham University Hospital NHS Trust, predating the misconduct;
- Reference for Dr Imran from Consultant Obstetrician and Gynaecologist at United Lincolnshire Hospitals NHS Trust, predating the misconduct;
- Reference for Dr Imran from Dr C, Chief Consultant Obstetrics and Gynaecology, dated 22 February 2020;
- Email from Dr Imran enclosing an article from The Bolton News about Royal Bolton Hospital, dated 15 January 2019.

Submissions

26. The submissions made by Ms Dudley-Jones, Counsel, on behalf of the GMC and by Dr Imran are a matter of record and the following paragraphs provide a summary of those submissions.

27. Ms Dudley-Jones, on behalf of the GMC, rehearsed the background of the case and submitted that the GMC oppose Dr Imran’s application for restoration to the Medical Register. Ms Dudley-Jones reminded the Tribunal of the factors it will need to consider in determining whether to grant Dr Imran’s application for restoration to the Medical Register. She submitted that having considered all of the matters set out in the relevant Tribunal guidance and limited documents available, the Tribunal is unlikely to find that Dr Imran is fit to be restored. Ms Dudley-Jones submitted that Dr Imran has not provided any evidence of remediation, particularly in response to the previous Panels’ assessment of his insight. She further submitted that it was clear from Dr Imran’s application for restoration that he still does not have any evidence of his insight into his misconduct and appears not to have remediated for it. Ms Dudley-Jones submitted that the GMC oppose Dr Imran’s restoration application on all those grounds. Following his oral evidence, Ms Dudley-Jones submitted that GMC’s opposition to Dr Imran’s application for restoration remained unchanged.

28. Dr Imran gave oral evidence at the hearing and answered questions under cross-examination, as well as questions from the Tribunal. Dr Imran was keen to remove any impression that he did not have respect for the GMC, that he had sent the emails at a difficult time in his career and that *‘they do not represent the true side of me’*, and that he had sought to adapt his practices following his erasure. He

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stated that he worked in a difficult area of medicine and that there had never been any other clinical concerns about his practice.

The Tribunal's Approach

29. Throughout its consideration of Dr Imran's application for restoration, the Tribunal was guided by the approach laid out in the MPTS Guidance document: *Guidance for medical practitioners tribunals on restoration following disciplinary erasure* (October 2019) ('the Guidance').

30. It reminded itself that the onus is on Dr Imran to satisfy the Tribunal that he 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 2013 Panel and the 2014 Review Panel.

31. 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.*'

32. 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 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:
 - overseas practice;
- steps the doctor has taken to keep their skills and knowledge up to date; and
- the lapse of time since erasure.

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33. After considering these factors, the Tribunal reminded itself it should step back and 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.

34. The Tribunal took account of all the evidence before it, both oral and documentary. It has also considered the submissions made by Ms Dudley-Jones on behalf of the GMC and the evidence and comments made by Dr Imran in support of his application.

The Tribunal's Decision

The circumstances that led to Dr Imran's disciplinary erasure

35. The Tribunal fully considered the transcripts and determinations of the 2013 Panel and the 2014 Review Panel throughout its deliberations. The Tribunal noted that it should not seek to go behind any of the findings made by either Panel.

36. The Tribunal noted that there were two distinct grounds of serious misconduct in the 2013 Panel's impairment determination. Dr Imran was found to have acted in a way which constituted serious misconduct having failed to follow instructions to remove the intrauterine device which posed a potential risk to the patient. The 2013 Panel concluded that Dr Imran's inaction represented a breach of one of the fundamental tenets of the medical profession in that he failed to respect skills and contributions of his colleagues and communicate effectively. Separately, the 2013 Panel concluded that Dr Imran's actions in seeking to communicate with two patients without clinical reason to do so not only breached the principles set out in GMP 2006, but also risked bringing the medical profession into disrepute. One patient was caused such alarm that she contacted the police as well as her own GP.

37. The Tribunal noted that the 2013 Panel acknowledged Dr Imran's lack of engagement, insight or remediation. However, the 2013 Panel was of the view that Dr Imran's misconduct, though serious, was not fundamentally incompatible with continued registration and determined to suspend Dr Imran's registration for six months.

38. The Tribunal noted that prior to the review hearing, Dr Imran had engaged with the GMC via email. However, the 2014 Review Panel did not consider his engagement to have been constructive, noting that Dr Imran appeared to have

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demonstrated contempt for his regulator. The Tribunal noted that the 2014 Review Panel considered that Dr Imran posed a risk to patients. Further, it noted that the 2014 Review Panel considered Dr Imran's lack of insight to be entrenched and the risk of repetition remained high. As such, the 2014 Review Panel concluded that a further period of suspension was insufficient given Dr Imran's attitude to the proceedings and the absence of any evidence demonstrating progress in terms of insight or remediation. It was on those grounds that the 2014 Review Panel determined to erase Dr Imran's name from the Medical Register.

39. The Tribunal noted that both previous Panels had noted that the respective sanctions imposed were required to maintain public confidence in the profession and to uphold proper professional standards.

40. Having considered the facts and findings of the previous Panels, this Tribunal concluded that there was still potential for Dr Imran to remediate those findings and set out to assess the evidence in that regard.

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

Insight and Remorse

41. The Tribunal first considered Dr Imran's level of insight. The 2013 Panel was of the view that given his non-engagement with the regulatory process, Dr Imran had shown negligible insight into his misconduct and expressed no remorse. At the second hearing, the 2014 Review Panel concluded that Dr Imran's lack of insight into his misconduct had become entrenched and that his emails to the GMC appeared to demonstrate contempt for his regulator. Since the time of his erasure, Dr Imran has had over six years to reflect further on his actions, appreciate the gravity of his misconduct and reflect on what he could have done differently at the time and what he would do now, should any similar situations arise.

42. The Tribunal considered that in order to conclude that Dr Imran had developed full insight, he would have had to demonstrate insight, not only into his initial misconduct at The Trust, but also into the communications he sent ahead of the 2014 Review Panel. His emails to the GMC were a determinative factor in his erasure given their disrespectful contents and tone. The Tribunal went on to consider whether Dr Imran had demonstrated this level of insight.

43. The Tribunal had regard to all relevant paragraphs of the Guidance. Dr Imran had provided no written statements or reflections for the Tribunal beyond the letter accompanying his application for restoration on 25 July 2019. Therefore, the Tribunal considered the oral evidence it had heard from Dr Imran as providing a good opportunity to assess his level of insight. In considering Dr Imran's oral

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evidence, the Tribunal gave particular consideration to paragraph B10 of the Guidance:

- B10** *Factors that can be relevant to a doctor demonstrating genuine insight include, but are not limited to, evidence they have:*
- a** *considered the concern, understood what went wrong and accepted they should have acted differently*
 - b** *demonstrated that they fully understand the impact or potential impact of their performance or conduct, for example by showing remorse*
 - c** *demonstrated empathy for any individual involved, for example by apologising fully*
 - d** *taken steps to remediate and to identify how they will act differently in the future to avoid similar issues arising*

44. The Tribunal considered whether Dr Imran had considered the concerns raised by both 2013 Panel and the 2014 Review Panel. Dr Imran stated he understood the importance of communication in a clinical setting, telling the Tribunal that miscommunication and poor documentation can have 'disastrous' consequences. He told the Tribunal that this was a lesson he had taken from the incidents set out by the 2013 Panel. The Tribunal was satisfied that Dr Imran understood that he was in a difficult position because of his previous actions and had acknowledged that those actions were wrong. It noted that Dr Imran was clear in his evidence, that in his clinical practice overseas since his erasure, he has learnt to understand and apply local protocols and believes he has improved his communication skills. Dr Imran told the Tribunal that working in the UK was his passion and that he has full respect and regard for all UK institutions including the NHS and GMC.

45. Dr Imran appeared to have reflected on the emails he had sent to the GMC ahead of the 2014 Review Panel. Dr Imran told the Tribunal that the emails were written during a time of stress for him and apologised for them. The Tribunal was of the view that Dr Imran's remorse regarding the emails that he sent to the GMC was genuine. The Tribunal considered that Dr Imran had developed insight in respect of the emails he had sent and their impact and that he had expressed genuine remorse. Further, the Tribunal noted that Dr Imran has been engaging respectfully with the GMC since he applied for restoration. Under the pressure of cross-examination, Dr Imran remained polite and answered the questions asked to the best of his ability.

46. Regarding his misconduct, Dr Imran told the Tribunal more about his time at The Trust and provided his views on the findings which were considered to amount to serious misconduct by the 2013 Panel. While the Tribunal cannot go behind the findings of the previous two Panels, it did note that Dr Imran's evidence regarding his time at The Trust did provide it with the ability to assess Dr Imran's insight into

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his misconduct which it could not have done from the documentary evidence before it.

47. The Tribunal accepted Dr Imran's evidence that he now fully appreciates the importance of local protocols and the impact they have on his clinical practice. He confirmed that while working in Saudi Arabia, should he ever have needed to contact a patient by telephone, he always did so through the hospital switchboard and never used a personal device as he had done in the cases of Patient A and Patient B. The Tribunal also accepted that Dr Imran acknowledged the adverse findings.

48. However, the Tribunal had concerns that in his letter accompanying his application for restoration, dated 25 July 2019, Dr Imran was still seeking to minimise aspects of his misconduct, referring to his suspension:

I was suspended for contacting a patient and making a 'phone call' lasting 9 seconds...

I do feel sorry and apologize for the incidences that lead to reports of my misconduct regarding the non-compliance to consultants orders and for making the 'phone call' that breached the local protocols at the Royal Bolton Hospital, no matter if I was acting in good faith.

49. The Tribunal noted that the 2013 Panel identified multiple inappropriate communications with Patient A, and that following a Trust disciplinary process, Dr Imran initiated further inappropriate contact with Patient B. As such, by characterising his suspension in this way did not demonstrate an appreciation of the gravity of the misconduct found in Dr Imran's case nor did he appreciate the potential impact his misconduct had on the reputation of the medical profession as a whole.

50. The Tribunal noted that in his oral evidence, though Dr Imran was more willing to accept his actions were wrong, he still sought to justify his behaviour by explaining that he took clinical decisions that were in the best interests of his patients in spite of the identified failures regarding communication with his colleagues. The Tribunal concluded that while Dr Imran appeared to have begun to develop insight into his misconduct, he had not yet reflected on what led to the misconduct and how, faced with a similar situation, he would now act differently.

51. The Tribunal has already concluded that Dr Imran understood the impact of the emails he had sent to the GMC prior to the 2014 Review Panel. In considering whether he had understood the impact of his misconduct on the patients involved and on the wider profession, the Tribunal remained concerned. The Tribunal noted that Dr Imran's first apology relating to his misconduct was received in his letter on 25 July 2019, over almost six years after his first substantive hearing. The Tribunal accepted that while this apology was late, it was an apology nonetheless. However,

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the Tribunal was troubled that Dr Imran had not sought to apologise before applying for restoration. Further, Dr Imran stated that he could apologise to Patients A and B if he was asked to and provided with the means to do so. The Tribunal was concerned that Dr Imran appeared not to have given consideration to what the impact of such a delayed apology might be for Patients A and B. Nor did he appreciate that any apology to Patients A and B at this stage may cause more distress.

52. The Tribunal considered that it had received no independent documentary evidence of remediation in relation to Dr Imran's insight or how his clinical practice had changed as a result of the findings of the previous Panels. It noted that while Dr Imran made statements about how his practice had changed and that he was now a more 'mature' doctor, these statements were not accompanied by examples or documentary evidence of how his behaviour has changed. He provided no practical examples of how he had adapted his practice. He provided no CPD, no reflective pieces, nor had he sought out a mentor to assist him and support him in this process.

53. The Tribunal considered that without any evidence of how Dr Imran had adapted his practice, particularly in terms of communication and following instructions, it could not conclude that he has developed full insight into his misconduct. The Tribunal found that Dr Imran's insight into his misconduct is now developing, having been entirely absent at the previous Panels given Dr Imran's initial non-engagement, and then his lack of constructive engagement before the 2014 Review Panel.

Remediation

54. As set out above, the Tribunal, having had regard to all of the documentary evidence in the case including the findings of the previous Panels, remained of the view that it would be possible for Dr Imran to demonstrate remediation of his misconduct in this case. It took this view because the initial misconduct was found by the 2013 Panel to be remediable and his actions were not initially considered to be fundamentally incompatible with continued registration. Dr Imran's subsequent behaviour, namely, his communications with the GMC before the 2014 Review Panel and his continued lack of constructive engagement with the regulatory process, alongside his ongoing lack of insight and remediation led the 2014 Review Panel to conclude that erasure was the only appropriate and proportionate sanction available to it at the time of review.

55. The Tribunal again had regard to the relevant paragraphs of the Guidance and gave particular consideration to B15:

B15 *Remediation can take several forms, including, but not limited to:*

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- a participating in training, supervision, coaching and/or mentoring relevant to the concerns raised*
- b attending courses relevant to the concerns raised, for example anger management, maintaining boundaries, ethics or English language courses*
- c evidence that shows what a doctor has learnt following the events that led to the concerns being raised, and how they have applied this learning in their practice (where applicable)*
- d evidence of good practice in a similar environment to where the concerns arose.*

56. The Tribunal noted that it had received no evidence from Dr Imran that confirmed he had participated in any relevant training, supervision, coaching or mentoring, to address the concerns raised about his communication skills and failure to follow the instructions of colleagues. The Tribunal noted that this was also true regarding any courses. Dr Imran told the Tribunal that while he was overseas, he had completed no CPD as this was not a requirement of either Saudi Arabia or Pakistan.

57. Regarding whether his clinical practice has changed as a result of the previous Panels' findings, Dr Imran assured the Tribunal that it had. However, while the three recent references provided by Dr Imran do all agree that his clinical skills and work have been satisfactory, none comment specifically on the skills Dr Imran has needed to develop i.e. his communication and ability to follow instructions. Further, the Tribunal noted that Dr Imran's work overseas has been as a Consultant, rather than a middle-grade doctor and as such, he has been working in a more autonomous capacity. In his oral evidence, Dr Imran told the Tribunal that as a consultant in Saudi Arabia he only took orders from the Medical Director and the Hospital Director. In his letter dated 25 July 2019, Dr Imran states '*I am interested to resume my career in UK as a Middle Grade Doctor*'. The Tribunal noted that Dr Imran has not explained how he would now adapt to working as part of a team (rather than its leader) again and how he has developed in order to ensure he can follow instructions from his Consultant colleagues and if he is not following them, that he can satisfactorily communicate why not.

58. The Tribunal noted that Dr Imran had not sought any support from a mentor, and he confirmed in his oral evidence that he had not completed any formal appraisals while overseas. Dr Imran was candid about some issues that had arisen with patients in Saudi Arabia and how these had been dealt with during general meetings with the hospital administration, rather than in one-to-one meetings which might have allowed time for self-reflection.

59. The Tribunal had regard to whether Dr Imran had undertaken any remediation since his erasure and whether that remediation was relevant, measurable and effective. The Tribunal concluded that it had no objective evidence

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before it to demonstrate that Dr Imran had remedied his misconduct as it was provided with scant evidence of his work overseas via the references provided. The Tribunal did not receive:

- any information about any CPD courses or training completed;
- a portfolio of examples of recent practice and any relevant reflections;
- a personal statement of reflections;
- a statement from a mentor.

60. The Tribunal considered and accepted Dr Imran's oral evidence, however it concluded that given the lack of adequate objective evidence of remediation before it, it could not conclude whether such remediation had been effective.

61. The Tribunal noted that Dr Imran's expressions of remorse and apology did constitute an important remedial step. However, as set out above, given the passage of time and the lack of action taken by Dr Imran to apologise ahead of this hearing, such expressions can only be given limited weight.

Risk of repetition

62. The Tribunal took into consideration Dr Imran's level of insight and its assessment of his remediation when considering whether there remained a risk that he would repeat his misconduct.

63. The Tribunal was of the view that Dr Imran's insight is now developing, however, it concluded that it was unable to assess the quality of Dr Imran's reflections on his misconduct given the lack of evidence of remediation before it. Dr Imran told the Tribunal that he has matured as a clinician and that his behaviour has changed. The Tribunal could not give these statements much weight as they were not accompanied by examples nor were they sufficiently supported by the references Dr Imran provided.

64. The Tribunal noted that Dr Imran did not appear to have discussed his erasure in detail with any clinical colleagues. The Tribunal was concerned that by not seeking support and guidance from his peers, he had not developed a support network should any similar issues in his practise arise again. The Tribunal was concerned that without addressing the communication issues identified by the previous Panels and providing objective evidence about the progress he has made, there remained a risk that patients could be harmed should another episode of poor communication with colleagues occur.

65. The Tribunal noted the following factors to be relevant in its consideration of the risk of repetition in this case:

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- While Dr Imran has engaged fully and appropriately at this hearing it is now almost nine years since his initial misconduct occurred and is only just starting to reflect and develop insight;
- Until his application for restoration, Dr Imran had demonstrated no insight or remediation for his misconduct, as was found by both previous Panels;
- Dr Imran’s behaviour prior to the 2014 Review Panel was an aggravating factor rather than demonstration of respect for his regulator;
- Dr Imran’s insight is developing but this development has only just begun.

66. The Tribunal concluded that while the risk of repetition had decreased since the 2014 Review Panel, Dr Imran’s lack of full insight and complete remediation, particularly in relation to his communication skills, meant that there remained a low but nonetheless real risk of repetition. That risk may have serious consequences when linked to patient care.

What Dr Imran has done since his name was erased from the Register?

67. The Tribunal noted that Dr Imran has not had any clinical contact with patients in the UK for over six years. Further, it noted that the onus is on Dr Imran to demonstrate that his medical knowledge and skills are up to date and that he is safe to resume unrestricted practice.

68. The Tribunal noted that since his erasure, Dr Imran has worked overseas in Pakistan and Saudi Arabia. The Tribunal considered the Certificate of Good Standing provided by the Pakistan Medical and Dental Council. It also considered the Experience Certificates provided by King of Saudi Arabia Ministry of Health and Social Security Teaching Hospital in Lahore. The Tribunal also had regard to the references Dr Imran provided. The Tribunal was satisfied that Dr Imran has continued to work in his chosen specialty as a doctor overseas. However, in his oral evidence, Dr Imran confirmed that beyond practising overseas, he had done little in terms of CPD courses or other development activities and research.

Lapse of time since erasure

69. Dr Imran’s name was erased from the Medical Register in April 2014. According to Dr Imran, he has developed his behaviour and practice, having learnt lessons and matured following the regulatory proceedings which concluded with his erasure over six years ago. Though he has been practising overseas, the Tribunal was not persuaded that Dr Imran has sufficiently mitigated the concerns raised by the 2013 Panel and 2014 Review Panel over that time, noting that Dr Imran’s first apologies, expressions of remorse and development of insight appear to only have begun since his application for restoration which was submitted in July 2019.

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Will restoration meet the overarching objective?

70. Having considered the specific concerns about Dr Imran’s erasure and the factors set out above, the Tribunal went on to determine whether Dr Imran is fit to practise and be restored to the Medical Register. The Tribunal carefully balanced its findings against whether restoring Dr Imran to the Medical Register will meet the overarching objective, considering each limb.

Protecting, promoting and maintaining the health, safety, and well-being of the public

71. Having considered the specific circumstances of this case, the Tribunal went on to consider whether Dr Imran posed any future risk to patients and members of the public. The Tribunal noted that it had already identified that there was a low but real risk of repetition in this case. It noted that until Dr Imran is able to demonstrate how he remediated his previous failure to communicate, a risk of repetition will remain, as Dr Imran himself acknowledged that the consequences of poor communication and documentation can be ‘*disastrous*’ for patients and hospitals. The Tribunal received little in the way of insight or remediation concerning the patient whose intrauterine contraceptive coil was left inside her body overnight against Consultant’s instructions which increased the risk of the patient developing sepsis. The Tribunal was concerned that Dr Imran has not demonstrated how he has sought to reduce the risk of harm to patients posed by his previously poor communications. The Tribunal was of the view that while the risk of repetition of similar misconduct is unlikely, the risk is present and could have serious consequences for patients.

Promote and maintain public confidence in the profession

72. The Tribunal noted that the determinations of both Panels raised significant concerns about Dr Imran’s actions and the risk posed to public confidence in the profession were he to be allowed to practise without restriction, having failed to demonstrate any remorse, insight or remediation.

73. The Tribunal remained of the view that without the development of full insight and demonstration of complete remediation, having found a risk of repetition is present in this case, an informed member of the public would be concerned if Dr Imran were allowed to return to unrestricted medical practice were his application for restoration to be granted at this time.

Promote and maintain profession standards and conduct

74. The Tribunal had regard to the Guidance and noted that Dr Imran’s case did not meet any of the types of case set out as those in which restoration is generally unlikely to meet the overarching objective. The Tribunal was of the view that these

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proceedings in themselves uphold proper profession standards as to be restored to the Medical Register, the onus is on Dr Imran has to demonstrate that he is currently fit to practise medicine unrestricted and that he is a fit and proper person to be part of the medical profession.

Conclusion

75. The Tribunal concluded that as the evidence before it currently stands, Dr Imran's insight into his misconduct and what caused it remains insufficient. It has not received adequate objective evidence about how Dr Imran has adjusted his practice following the incidents that initiated regulatory proceedings in 2013. In terms of remediation, though Dr Imran has been working overseas since his erasure, he has provided little evidence of improvements in his practice, including any improvement regarding his communication skills, or his ability to follow instructions and work as part of a team.

76. The Tribunal has not been persuaded Dr Imran has adequately reduced the risk to patient safety, the risk to the maintenance of professional standards, nor has he gone far enough to restore public confidence in the medical profession as a whole.

77. In conclusion, the Tribunal was not satisfied that Dr Imran is currently fit to practise and accordingly refused Dr Imran's application to be restored to the Medical Register.

Confirmed

Date 07 July 2020

Ms Louise Sweet QC, Chair