

## PUBLIC RECORD

Dates: 11/10/2022 - 13/10/2022

Medical Practitioner's name: Dr Muhammad ISHAQUE

GMC reference number: 6046047

Primary medical qualification: MB BS 1997 University of Punjab (Pakistan)

Type of case	Outcome on facts	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	Mr Stephen Killen
Medical Tribunal Member:	Dr Andrew Cohen
Medical Tribunal Member:	Dr David Mabin
Tribunal Clerk:	Ms Olivia Moy

**Attendance and Representation:**

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Ms Catherine Stock, Counsel
GMC Representative:	Ms Janet Ironfield, 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 Restoration - 13/10/2022

1. This Tribunal has convened to consider Dr Ishaque's second application to be restored to the Medical Register in accordance with Section 41 of the Medical Act (1983) ('the Act') and Rule 24 of the General Medical Council's (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules').
2. Throughout the decision-making process the Tribunal has borne in mind the statutory overarching objective as set out in section 1 of the Act to 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.

### Background

3. Dr Ishaque qualified MB BS in 1997 from University of Punjab and obtained registration as a medical practitioner with the GMC in 2006. In 2010 he was referred to the GMC in relation to matters arising from Dr Ishaque's clinical practice and an investigation was conducted. Those matters did not result in any regulatory proceedings or findings, however in the course of the investigation, Dr Ishaque's actions gave rise to a number of allegations of misleading and/or dishonest misconduct as outlined below and he was subsequently erased from the medical register in 2012 as a result of these matters.

### The 2012 Fitness to Practice Panel 'The 2012 Panel'

4. Dr Ishaque's case was considered by a Fitness to Practise Panel in 2012. The following allegations were found proved:

Paragraph 1a

- *In e-mail correspondence to the GMC you used the suffix MRSC (Member of Royal College of Surgeons) after your name on*
  - i. 27 May 2010*
  - ii. 29 May 2010*
  - iii. 2 June 2010*

Paragraph 1b

- *You knew that you were not entitled to use the suffix MRCS until you had passed all 3 parts of the intercollegiate examination for Royal College of Surgeons and applied for membership of the Royal College of Surgeons.*

Paragraph 1c

- *You passed Parts 1 and 2 of the intercollegiate examination on 24 April 2007 and 9 September 2008 respectively.*

Paragraph 2a

- *On 10 September 2010 you submitted a curriculum vitae to the GMC in which you stated that you held qualifications which you did not have namely:*
  - i. MRCP1 – The Royal College of Physicians, UK Jan 2009*
  - ii. FRCR1 – The Royal College of Radiologists, UK May 2009*
  - iii. FRCPath1 – The Royal College of Pathologists, UK Nov 2009*
  - iv. MSc (Policy Analysis and Management) – Carnegie Mellon University (USA) 2010*

Paragraph 2b

- *You failed:*
  - i. The examination for the Royal College of Physicians in January 2009.*
  - ii. The examination for the Royal College of Radiologists in June 2009.*

Paragraph 2c

- *You did not undertake any examinations for*
  - i. The Royal College of Pathologists*

- ii. *An MSc (Policy Analysis and Management) at the Carnegie Mellon University (USA).*

Paragraph 3

- a. *In 2011 you were employed by NHS Grampian.*
- b. *In the course of your employment you were required to complete Occupational Health Questionnaires (OHQs) which included a certification that the information contained in the form was true*
- c. *On 13 April 2011 and 8 August 2011 you certified in an OHQ that your date of birth was 11 February 1978*
- d. *On 20 December 2011 you certified in an OHQ that your date of birth was 11 February 1978*

Paragraph 4

- *Your actions set out at paragraphs 1, 2(a) and 3 were misleading*

Paragraph 5

- *Your actions as set out in paragraphs 1 and 2(a) were dishonest*

5. The 2012 Panel found that each of the matters found proved amounted to serious misconduct.

6. The 2012 Panel found that Dr Ishaque's dishonest misconduct breached a fundamental tenet of the profession. It considered that his behaviour demonstrated a disregard of Good Medical Practice and considered that Dr Ishaque demonstrated '*persistent lack of insight into the seriousness of his actions and possible consequences*'. The Panel accepted that no patients were harmed, however it considered that Dr Ishaque's dishonesty posed a potential risk to patients in that the GMC and potential employers must be provided with accurate and reliable information about qualifications.

7. With regard to sanction, the 2012 Panel determined that erasure was the proportionate sanction and the only means of protecting the public interest. It expressed its concerns that Dr Ishaque had tried to justify his behaviour in the course of the proceedings or blame the issues on computer glitches. The Tribunal found that Dr Ishaque had not demonstrated sufficient insight and did not appear to understand the seriousness of his misconduct or the risks it posed to patients and the public interest. The Tribunal was not satisfied that there would be no repetition and therefore it concluded that suspension would not be sufficient to protect the public interest.

### The 2018 Restoration Hearing

8. Dr Ishaque made his first application for restoration in 2018 and this was considered by a Tribunal (“the 2018 Tribunal”).
9. The 2018 Tribunal determined that Dr Ishaque’s insight into the actions which led to his erasure remained limited. It considered that he continued to place his own interests in resuming practice as a doctor ahead of the interests of patients, the profession and the public. Furthermore, the Tribunal was concerned that Dr Ishaque’s actions and behaviour since 2011 provided ongoing concerns about his probity and integrity. The 2018 Tribunal was not satisfied that Dr Ishaque had kept his skills and knowledge up to date to the level required in order for him to return safely to unrestricted practise.
10. The 2018 Tribunal was not satisfied that sufficient evidence had been presented for it to conclude that Dr Ishaque would not present a risk to patients if he were to be restored to the register. It concluded that granting his application would cause confidence in the medical profession to be undermined and would not properly uphold professional standards of conduct and behaviour. In addition, the Tribunal did not find it conceivable that it would be appropriate to restore Dr Ishaque to the medical register when Dr Ishaque’s knowledge of English, as evidenced by his 2018 IELTS test, did not meet the standards required by the GMC.
11. The 2018 Tribunal considered that the statutory overarching objective would be compromised through the restoration of Dr Ishaque’s name to the Medical Register and accordingly, it did not grant Dr Ishaque’s application for his name to be restored to the Medical Register.

### **This Restoration Hearing**

12. This Tribunal has convened to consider Dr Ishaque’s second application for his name to be restored to the Medical Register in accordance with Section 41 of the Act and Rule 24 of the Rules.

### **Oral Evidence**

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

14. Dr Ishaque gave oral evidence at the hearing.

### Documentary Evidence

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

- The determination from the 2012 hearing;
- Transcripts from the 2012 hearing;
- The determination from the 2018 hearing;
- Witness statement of Dr Ishaque – dated 3 October 2022;
- Letter from Dr A following Dr Ishaque’s participation in a clinical attachment – dated 16 May 2021;
- Maintaining Professional Ethics certificate – dated 7 July 2021;
- IELTS certificate – dated 19 November 2020;
- Mentor report – Dr B – dated 3 October 2022;
- Professional Ethics course outline;
- GMC clinical attachments guidance;
- CPD certificate (undated and unnamed); and
- CPD course printout.

### Submissions

#### On behalf of the GMC

16. Ms Ironfield, on behalf of the GMC, submitted that Dr Ishaque’s application for restoration should be refused.

17. Ms Ironfield submitted that the seriousness of Dr Ishaque’s misconduct was apparent from the 2012 sanction determination, where the Panel considered that his behaviour was objectively deplorable and that Dr Ishaque had brought the profession into disrepute.

18. Ms Ironfield submitted that the 2012 Panel concluded that he had not developed sufficient insight, he had continually tried to justify his actions and did not appear to

understand the seriousness of his misconduct. She stated that the Panel were also clearly concerned that there had been a breach of a fundamental tenet of the medical profession – the need to be honest and trustworthy.

19. Ms Ironfield submitted that during the 2018 Restoration hearing, the 2018 Tribunal was concerned that some 6 months after the decision to erase Dr Ishaque's name from the medical register, he had written to the GMC using 'disgraceful language' and later forwarded that same email to the MPTS. Ms Ironfield stated that the 2018 Tribunal made a determination that echoed many, if not most, of the 2012 Panel's findings in relation to Dr Ishaque's case. The 2018 Tribunal determined that Dr Ishaque failed to understand the impact of his misconduct on the profession and his patients and the ultimate conclusion was that Dr Ishaque continued to place his own interests in resuming practice as a doctor ahead of the interest of patients and the public.

20. When considering Dr Ishaque's current application for restoration, Ms Ironfield submitted that Dr Ishaque appeared now to unequivocally accept responsibility for his actions and for the first time, discussed his motivations for his dishonesty. In relation to the emails and CV, Dr Ishaque had stated that his motivation was to appear to be more learned in the hope that the GMC would attach more weight to what he was saying; and in relation to the date of birth, Dr Ishaque's motivation was to appear younger and give himself a 'competitive edge' in the job applications process.

21. Ms Ironfield submitted that, whilst the Tribunal may be inclined to accept Dr Ishaque's explanations as genuine, it should be sceptical when considering the doctor's very recent development of insight.

22. Ms Ironfield stated that Dr Ishaque had made this application for restoration in 2020 and that it had been postponed to allow Dr Ishaque to undertake his clinical attachment. However, she submitted that it is apparent from Dr Ishaque's own oral evidence that it was not until February – May 2022, during that recent clinical attachment, that he came to view and accept his past actions as having been dishonest. Therefore, Ms Ironfield submitted, Dr Ishaque admitted to having no insight when he applied for restoration in 2018 and 2020. Ms Ironfield went on to state that Dr Ishaque's evidence is that he gave some consideration of dishonesty during the 3-day Ethical Boundary course he participated in, but that the 'trigger point' only occurred sometime after February 2022.

23. Regarding Dr Ishaque's current level or skills and knowledge, Ms Ironfield submitted that Dr Ishaque accepts that it is now some 10 – 11 years since he engaged in clinical practice in the UK. Ms Ironfield further submitted that his recent clinical attachment was relatively limited in scope.

24. Ms Ironfield drew the Tribunal's attention to Dr Ishaque's completed hours of CPD on the BMJ Portfolio. She submitted that the Tribunal will be required to consider whether the amount done over a 3-year period is sufficient and whether Dr Ishaque could safely return to unrestricted practise at this stage. Ms Ironfield submitted that Dr Ishaque has spoken of personal and self-reflected study, however, he has provided no log of any hours of self-study and no record of what he undertook or learned specifically in this regard.

25. Ms Ironfield submitted that Dr Ishaque claims that he is now familiar with the guidance given in the 2012 and 2018 Tribunal determinations. However, the 2018 determination outlined that Dr Ishaque's failure to provide logs of his learning was taken into account and Ms Ironfield submitted that it is somewhat surprising that at today's hearing Dr Ishaque has, again, provided no log of his learning. She submitted that Dr Ishaque does not seem to have taken note of the previous Tribunal's comments in relation to this matter.

26. Ms Ironfield submitted that during oral evidence, Dr Ishaque stated that he hoped to work in a hospital environment under supervision in order to regain his skills. However, in answer to Tribunal questions in relation to this, it became apparent that Dr Ishaque had not researched whether that sort of work was even available to him.

27. Ms Ironfield stated that, in terms of Dr Ishaque's reasons for wanting to be restored to the medical register, it appears to be because his unrelated job role in Pakistan came to an end.

28. Ms Ironfield concluded that given all the circumstances, Dr Ishaque's application for restoration should be refused.

#### On behalf of Dr Ishaque

29. Ms Stock, on behalf of Dr Ishaque, submitted that the Tribunal should grant Dr Ishaque's application for restoration.

30. Ms Stock submitted that since the 2018 Tribunal's determination, Dr Ishaque has taken on board their comments and advice. In respect of his insight, he has reflected and attended an intensive 3-day course as well as seeking and working with a mentor. In respect of keeping his medical and clinical skills up to date, Ms Stock submitted that Dr Ishaque has completed a vast amount of CPD and has undertaken a 3-month clinical attachment in the Department of Cardiology at the Hull University Hospital NHS Trust under the direct supervision of consultant cardiologist Dr A.

31. Ms Stock submitted that Dr Ishaque has retaken the IELTS test and attained the requisite scores.

32. In terms of his misconduct, Ms Stock drew the Tribunal's attention to Dr Ishaque's reflective statement. She submitted that Dr Ishaque now wholly accepts the allegations he faced in 2012 and accepts the decisions of both the 2012 Panel and the 2018 Tribunal. Ms Stock further submitted that Dr Ishaque has continued to reflect at length and has undertaken a 'raft of activities' to help him develop his insight by way of personal reading, an intensive 3-day interactive course and a long-term mentorship programme. Ms Stock submitted that Dr Ishaque has written a comprehensive reflective statement, where he demonstrates that he has genuine insight into what he did and appreciates what could have been done differently. He has also developed and provided further reflection on the wider impact of his actions on patients, the profession, and the public.

33. In respect of his communication with the GMC in 2013, Ms Stock drew the Tribunal's attention to Dr Ishaque's comments in his reflective statement where he states that he now understands that it was 'inappropriate and wrong' to send the email and that he deeply regrets his actions.

34. Ms Stock submitted that Dr Ishaque has sourced a professional mentor - Dr B, Consultant Clinical Psychologist and former Director of Psychology for NHS Lanarkshire – with whom he has been working. Ms Stock submitted that Dr B has provided mentoring over many years both clinically and professionally and stated that Dr Ishaque has worked with him for over several months which has helped him reflect and develop his understanding of the issue of probity.

35. Ms Stock submitted that whilst any misleading or dishonest misconduct is difficult to remediate, Dr Ishaque has done all he should and could have done to remediate by undertaking relevant courses and mentorship to target the core issues. Furthermore,

Ms Stock stated that he has also demonstrated that he has been open and honest in every aspect of his interactions with supervisors and mentors. Whilst this is no guarantee that there will be no repetition, it is a good indicator of future conduct.

36. In terms of the need to keep his clinical skills up to date, Ms Stock submitted that Dr Ishaque has undertaken targeted and relevant CPD over a lengthy period of time beginning in 2019.

37. Ms Stock submitted that Dr Ishaque has worked tirelessly to make amends for his past and to return to his chosen profession. He has taken on board each and every comment from past Tribunals. Whilst his behaviour which led to erasure was a serious departure from GMP, this is not a case where past misconduct is such that it will be unlikely to ever be compatible with restoration. Ms Stock stated that Dr Ishaque's past misconduct is capable of remediation and has by his actions been remedied.

38. Ms Stock concluded that as a result of his continued remorse, insight today, and significant remediation, he is no longer impaired, fit to practise and his application for restoration should be granted.

### The Tribunal's Approach

39. Throughout its consideration of Dr Ishaque'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').

40. It reminded itself that the onus is on Dr Ishaque to satisfy the Tribunal that he is fit to return to unrestricted practice.

41. 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.'*

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

- the circumstances that led to disciplinary erasure;
- whether the doctor has demonstrated insight into the matters that led to erasure, taken responsibility for their actions, and actively addressed the findings about their behaviour and skills including consideration of:
  - insight and remorse;
  - remediation and risk of repetition;
  - remediability of previous/new concerns about the doctor’s behaviour;
  - whether findings about the doctor’s behaviour have been remedied;
  - likelihood of repetition of the previous findings about the doctor’s behaviour;
- what the doctor has done since their name was erased from the Register including consideration of:
  - overseas practice;
  - steps the doctor has taken to keep their skills and knowledge up to date; and
  - the lapse of time since erasure.

43. 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.

44. In its approach, and in accordance with the above legal principles, the Tribunal exercised its own judgement having regard to all the oral and documentary evidence presented to it, as well as the submissions made by the GMC and by Dr Ishaque.

### The Tribunal’s Decision

The Circumstances that Led to Disciplinary Erasure

45. In reaching its determination on Dr Ishaque's restoration application, the Tribunal had regard to the circumstances of the case. The Tribunal considered in detail the determinations made by both the 2012 and 2018 Tribunals and it reminded itself that it should not seek to go behind any of the findings made by the 2012 Tribunal. The Tribunal noted the nature and level of seriousness of Dr Ishaque's misconduct as outlined by the 2012 Tribunal in the following paragraph:

*'The Panel has found that Dr Ishaque's dishonest conduct breached a fundamental tenet of the profession. It considers that his behaviour demonstrated a disregard of Good Medical Practice and that, in terms of persistent lack of insight into the seriousness of his actions and possible consequences, he continues to demonstrate such a disregard. Whilst the Panel accepts that no patients were harmed, it considers that 'Dr Ishaque's dishonesty posed a potential risk to patients in that the GMC and potential employers must be provided with accurate and reliable information about qualifications.'*

46. The Tribunal noted that there had been numerous occasions of dishonesty over a sustained period of time and that the 2012 Tribunal had significant concerns about Dr Ishaque's insight and remorse, as outlined in the following paragraph:

*'Despite saying that he fully accepts his fault, Dr Ishaque has continued to attempt to justify his actions and has failed to take full responsibility for his misconduct. In emails dated 30 November 2012, he stated "I would say I am not a deliberate dishonest person rather careless at some times in documents."'*

47. The Tribunal had regard to the 2012 Panel's decision that:

*'The Panel has concluded that suspension would not be an adequate response in all the circumstances of this case. Therefore, having balanced all of the factors set out above, it is satisfied that erasure is the proportionate sanction and is the only means of protecting the public interest'*

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

*Insight, Remorse and Remediation*

48. The Tribunal reminded itself of the serious nature of Dr Ishaque's misconduct which led to his erasure. Whilst the Tribunal considered that any dishonest misconduct on the part of a doctor is inherently serious, it believed that Dr Ishaque's misconduct was potentially capable of being remediated.

49. In his written and oral evidence, Dr Ishaque stated that he now has full insight into his actions and is remorseful for them. He stated that he fully appreciates that they were wrong, that he was at fault, and that his actions brought the profession into disrepute. Dr Ishaque stated that a doctor must be honest in all of their dealings and that instances of dishonesty will undermine patient and public confidence in the profession. Dr Ishaque stated that he has reflected on his actions and is ashamed. Dr Ishaque stated that he fully accepted the 2012 and 2018 Tribunal decisions.

50. When asked by the Tribunal at what point Dr Ishaque had come to understand/accept that his actions amounted to dishonest misconduct, Dr Ishaque stated that this became apparent to him when undertaking the 3-day Ethical Boundary course in July 2021, and during his clinical attachment between February and May 2022. Dr Ishaque stated that he came to understand the nature of his actions on attending the ethics course and on speaking about the background to his erasure with other doctors and his mentor.

51. When asked by the Tribunal why it took a course and discussions with others for Dr Ishaque to recognise/accept that his actions had been dishonest, Dr Ishaque stated that he had returned to Pakistan following his erasure and immediately took up a senior position in the police force of the Pakistani government. He said that this position gave him status and power and that he had not had call to consider matters of probity or integrity as he worked autonomously at a very senior level. He had not intended to return to medicine at that time. Dr Ishaque stated that it was only in or around 2018/2019 when an incident occurred in this role (the details of which were not provided to the Tribunal) which caused him to consider matters of probity and integrity. He stated that, having been dismissed from his position in Pakistan in 2018/2019 (the details of which were not made available to the Tribunal) he began to consider in more detail those matters which had caused him to be removed from the medical register. Further, it was only when Dr Ishaque attended the more recent 3-day ethics course and subsequently discussed the issues with colleagues that he came to

understand matters of dishonesty and probity to the extent that he was able to recognise that his own actions had been dishonest.

52. Taking the available evidence into account, the Tribunal considered that, on the face of it, Dr Ishaque now demonstrates some insight into the matters which led to his erasure. However, the Tribunal considered that this must be viewed in the context of a 10-year period of Dr Ishaque's apparent inability or unwillingness to either identify or accept that his behaviour was dishonest. The Tribunal was concerned that Dr Ishaque had not, without the benefit of a course or discussions with third parties, identified that his actions were dishonest.

53. Further, on Dr Ishaque's account, he only gave consideration to the issues which led to his erasure following his dismissal from his position in Pakistan. The Tribunal therefore had some concern as to whether it was only a result of Dr Ishaque's self-interest in being restored to the medical register that he has started to reflect on these matters.

54. The Tribunal had regard to the 3-day Professional Ethics course and the fact that Dr Ishaque had worked with a mentor and it considered that these were positive steps toward remediation which could only be of benefit to Dr Ishaque.

55. Overall, however, whereas the Tribunal considered that Dr Ishaque is currently on a path to developing insight and, while acknowledging the positive remedial steps taken in attending the 3-day course, securing a mentor and clinical attachment, it did not consider that such insight or remediation could be considered to be full or complete. The Tribunal remained concerned regarding Dr Ishaque's apparent inability to identify that his misconduct was dishonest without external input.

56. In the circumstances, the Tribunal was not assured that Dr Ishaque currently has full insight, has remediated or that the risk of repetition is sufficiently unlikely.

57. In addition to the above which related to those matters leading to Dr Ishaque's erasure, the Tribunal had regard to an email sent by Dr Ishaque to the GMC and separately forwarded to the MPTS in June 2013. The content of these emails was utterly appalling and offensive in a very significant number of ways. It demonstrated racist and highly misogynistic views and referred to sexual violence. The language contained in the email was completely unacceptable on any reading. The Tribunal was deeply troubled by the contents of this email. Further, the Tribunal noted that Dr Ishaque amended his online contact details with the GMC

using abusive, sexually explicit and aggressive wording. Again, the Tribunal considered that the language used was entirely inappropriate and unacceptable.

58. In his written and oral evidence, Dr Ishaque accepted that sending the emails was improper and has said that he would not do it again. He accepted that the content was inappropriate.

59. In his oral evidence, on questioning by the Tribunal, Dr Ishaque stated that he had sent the emails as a result of frustration, resentment and anger as a result of a posting he had been given in Pakistan which placed him or his family under threat. He considered that, had he not been erased from the register, he would not have been in the position he was, and he sent the emails while under significant stress.

60. In considering this matter, the Tribunal was of the view that Dr Ishaque's reference to his email in his written statement was superficial and did not come close to addressing their nature or content. It considered that Dr Ishaque's oral evidence on this matter was vague and difficult to follow, and again did not come close to addressing the matter properly.

Dr Ishaque referred to the posting he viewed as being problematic as having occurred in 2008 and then, on further questioning, closer to the date that the emails were sent. The Tribunal was not satisfied that it had been presented with coherent evidence upon which it could rely in this regard.

61. The Tribunal considered that, whereas these emails did not relate to the reasons for Dr Ishaque's original erasure from the register, they were of such a nature as to require significant consideration in any restoration application. The Tribunal was not satisfied that it had been presented with evidence which would allay its significant concerns about the content of these emails. The Tribunal was not satisfied that Dr Ishaque had fully reflected on the seriousness of the contents of these emails or the insertion of the highly inappropriate language into his GMC record.

#### What Dr Ishaque has done since his name was erased from the Register

62. As outlined above, since being erased from the medical register, Dr Ishaque stated that he has been employed between 2012 and 2018/2019 as a senior member of the police of the Pakistani government. This role was not related in any way to clinical practice or medicine. The reasons for this position coming to an end were not outlined to the Tribunal in any specific detail and no documentary evidence was provided. As noted above, Dr Ishaque

stated that his position was terminated, however the specific nature of the issues under consideration were not detailed.

63. This, of itself, raised significant concerns for the Tribunal as it had not been provided with satisfactory evidence of events leading to his termination from employment.

64. Dr Ishaque stated that from 2020 to 2021 he obtained a part-time GP position with a hospital in Lahore, working for four hours per day six days per week. No documentary evidence, testimonials, supervision reports, feedback etc was provided in relation to this post.

65. Between February and May 2022, Dr Ishaque undertook a clinical attachment in cardiology with Dr A at Hull University Teaching Hospital.

What steps has Dr Ishaque taken to keep his medical knowledge and skills up to date?

66. The Tribunal noted that Dr Ishaque has taken some steps to keep his medical knowledge and skills up to date with a view to a return to clinical practice. It noted that Dr Ishaque's evidence was that his approach was to initially complete the modules relating to his primary area of practice, which was surgery. The Tribunal took the view that this demonstrated some focus to the doctor's approach to learning.

67. The Tribunal had regard to Dr Ishaque's record of CPD. It noted that he has completed just shy of 200-hours over a 3-year period since 2019. The Tribunal noted that this amounts to approximately 60/70 hours per year and just over 1 hour per week. The Tribunal noted that a log of personal reading and study had not been kept. The Tribunal also noted that one of the certificates was undated and did not refer to Dr Ishaque. The Tribunal did not consider that this reflected adequate evidence of learning, particularly in the context of not having conducted any CPD from 2012 – 2019.

68. Having received no objective or documentary evidence relating to Dr Ishaque's part-time role with a hospital in Lahore, the Tribunal considered that it could attach no weight to any experience gained in that position. The Tribunal was somewhat confused that no documentary information had been provided in relation to this. Further, the Tribunal found this element of Dr Ishaque's evidence somewhat concerning as Dr Ishaque appeared to have taken a role, which he obtained via his 'connections', without a single refresher course or any putting in place a structured framework for resumption of practice.

69. The Tribunal considered that Dr Ishaque's clinical attachment with Dr A was useful and it acknowledged the difficulties experienced by Dr Ishaque in securing this placement during the Covid-19 pandemic. However, the Tribunal did not consider that a three-month placement which was limited in nature could be sufficient experience to return to unrestricted practice in the context of a 10-year absence. The Tribunal noted the generally positive nature of Dr A's letter, however Dr A was unable to provide detailed information on Dr Ishaque's suitability to return to practice, commenting that:

*'I am unable to comment thoroughly on the clinical abilities of Dr Ishaque due to his restricted observership role and very short period of stay with me.'*

70. Overall, the Tribunal determined that it did not have enough evidence before it to demonstrate that Dr Ishaque had kept his medical skills and knowledge sufficiently up to date or that he would be safe to return to unrestricted practise.

#### Lapse of time since erasure

71. In relation to the lapse of time since Dr Ishaque's erasure in 2012, the Tribunal considered that whilst the lapse of time may serve to put some distance between Dr Ishaque's initial misconduct and today's hearing, it does not assist him by way of his medical skills and knowledge being up to date. Further, in the absence of further evidence reflection and specific consideration, it does not assist in terms of his emails to the GMC and MPTS.

72. The Tribunal noted that Dr Ishaque has now had a 10-year period absence from practising medicine in the UK and it further noted that he was at a relatively early stage in his career when he was erased. The Tribunal considered Dr Ishaque's evidence that there was never any concerns about his clinical abilities. It was concerned, however, that Dr Ishaque did not appear to sufficiently appreciate that significant changes in medical practice may have occurred during his absence from practice.

73. In the circumstances, Dr Ishaque has not demonstrated to the Tribunal that he has kept his medical skills and knowledge sufficiently up to date.

#### Whether restoration would satisfy the overarching objective

74. Having made the above findings, the Tribunal had regard to the statutory overarching objective. The Tribunal carefully balanced its findings against whether restoring Dr Ishaque to the Medical Register will meet the overarching objective, considering each limb in turn.

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

75. The Tribunal was mindful of the serious findings that led to Dr Ishaque's erasure in 2012. For the reasons it has already set out, the Tribunal concluded that Dr Ishaque has not provided sufficient evidence that he has maintained his medical knowledge and skills, nor remedied his previous failures. Consequently, the Tribunal determined that there would be risk to patient safety if Dr Ishaque were permitted to return to the register unrestricted. In these circumstances, the Tribunal concluded that restoration to the register would undermine, rather than protect, promote, and maintain the health, safety, and well-being of the public.

Promote and maintain public confidence in the profession

76. In relation to the second limb of the overarching objective, the Tribunal took the view that public confidence in the profession would be seriously undermined by the restoration of Dr Ishaque into unrestricted practice at this time. In reaching this conclusion, the Tribunal considered the lack of sufficient evidence of insight and remediation in respect of the matters that had been found proved. In addition, as outlined above, the Tribunal has significant concerns about the contents of Dr Ishaque's email and the contents of his online contact details following erasure which have not been addressed sufficiently. The Tribunal took the view that a well-informed member of the public would be concerned to learn that Dr Ishaque was permitted to return to the register unrestricted, despite an inadequate level of insight and remediation. There would also be a concern about a return to unrestricted practice due to Dr Ishaque's loss of skills and knowledge which has not been sufficiently addressed.

Promote and maintain professional standards and conduct

77. With regard to the maintenance of professional standards and conduct for members of the profession, the Tribunal was satisfied, for the reasons given above including Dr Ishaque's insufficient insight and inadequate remediation of his failings, that restoring him to the Register would be inconsistent with promoting and maintaining professional standards of conduct in the profession.

## Conclusion

78. The Tribunal was not satisfied that Dr Ishaque is currently fit to practise and accordingly refused Dr Ishaque's application to be restored to the Medical Register.

79. That concludes this case.