

PUBLIC RECORD

Date: 05/12/2024

Doctor: Dr Muhammad SIDDIQUI
GMC reference number: 4282455
Primary medical qualification: MB BS 1982 University of Punjab (Pakistan)

Type of case **Outcome on impairment**
Review - Misconduct Impaired

Summary of outcome

Erasure

Tribunal:

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| Legally Qualified Chair | Mr Julian Weinberg |
| Lay Tribunal Member: | Mr Birju Kotecha |
| Registrant Tribunal Member: | Dr Tony Gu |

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| Tribunal Clerk: | Ms Rachel Horkin |
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Attendance and Representation:

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|---------------------|------------------------------|
| Doctor: | Not present, not represented |
| GMC Representative: | Ms Sian 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.

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 Impairment - 05/12/2024

April/May 2023 hearing ('the May 2023 Tribunal')

1. Dr Siddiqui qualified in 1982 with an MB BS degree from the University of Punjab (Pakistan) and prior to the events which were the subject of the initial hearing Dr Siddiqui practised as an experienced middle staff grade anaesthetist with Pennine Acute Hospitals NHS Trust ('the Trust').
2. The Allegation that led to Dr Siddiqui's April/May 2023 hearing can be summarised as follows: That between 2018 and 2020, and in September 2021, whilst working at Pennine Acute Hospitals NHS Trust and Tameside NHS Hospital Trust respectively, Dr Siddiqui behaved inappropriately towards colleagues by making inappropriate comments. It is also alleged that Dr Siddiqui's comments to two colleagues were sexually motivated.
3. The proven facts that the May 2023 Tribunal found amounted to misconduct can be summarised as follows:
4. On 14 June 2018, whilst working at the Trust, Dr Siddiqui was found to have been rude and shouted at Mr B. The following day, Dr Siddiqui was found, when asked by Mr B not to share a lift with him, to have got into the lift and said to Mr B 'if you want to be awkward and not let me in the lift, you can, you can put a complaint in, you've already put a complaint in', or words to that effect. The May 2023 Tribunal found that as well as being unfair to and disrespectful of Mr B and his skills and contribution, it was conduct that was serious and amounted to misconduct.
5. The Trust had put in place a return to work programme for Dr Siddiqui after a period of absence. The May 2023 Tribunal found that Dr Siddiqui's refusal to work with at least 11 out of 26 Consultant colleagues was unreasonable and inappropriate. The consequent refusal of a direct instruction from Dr Siddiqui's clinical director and his failure to complete anaesthetic lists to which he was allocated perpetuated and exacerbated the situation. In addition, the May 2023 Tribunal found that Dr Siddiqui's refusal to make written apologies to

Mr B and Ms C (to whom Dr Siddiqui was found to have made inappropriate comments) as required under the agreed return to work programme, was inexcusable.

6. Whilst working at Tameside NHS Hospital Trust ('Tameside Trust'), between 9-13 September 2021, Dr Siddiqui was found to have made a number of inappropriate statements to Ms E, and one statement made to both Ms E and Ms F. The May 2023 Tribunal did not find that Dr Siddiqui's actions in making these comments were sexually motivated. However, it did conclude that Dr Siddiqui's comments were unacceptable, inappropriate and clearly disrespectful. The May 2023 Tribunal concluded that Dr Siddiqui's actions amounted to a serious failure when considered against the standards expected of him.

7. The May 2023 Tribunal found that Dr Siddiqui's fitness to practise was impaired by reason of misconduct and determined to suspend his registration for a period of 6 months.

November 2023 hearing ('the November 2023 Tribunal')

8. Dr Siddiqui did not attend and was not represented at the November Tribunal. The November 2023 Tribunal found that Dr Siddiqui had failed to engage appropriately with the May 2023 Tribunal's findings and that his fitness to practise remained impaired by reason of his misconduct. The November 2023 Tribunal found that Dr Siddiqui had failed to provide any evidence to demonstrate his insight and remediation and, therefore, his insight was still significantly limited.

9. The November 2023 Tribunal determined to suspend Dr Siddiqui's registration for a further six months.

May 2024 hearing ('the May 2024 Tribunal')

10. Dr Siddiqui did not attend and was not represented at the May 2024 hearing. The May 2024 Tribunal found that there was no evidence before it from Dr Siddiqui that he had sought, or attempted to address the concerns of the May and/or November 2023 Tribunals. The May 2024 Tribunal noted the only engagement Dr Siddiqui has provided was his email of 15 April 2024 that he had received the Notice of Hearing from the MPTS. The November 2023 Tribunal also noted there was no evidence of any attempts at remediation by Dr Siddiqui or what, if any steps he had taken to keep his medical knowledge and skills up to date.

11. The May 2024 Tribunal determined that Dr Siddiqui's fitness to practise remained impaired by reason of misconduct and determined to suspend Dr Siddiqui's registration for a period of 6 months.

12. The May 2024 Tribunal considered that a reviewing Tribunal could be assisted by:

- evidence of any courses, and other activities, he has undertaken in order to demonstrate his remediation of concerns about his ability to work collaboratively with colleagues and his communications in the workplace;
- evidence of his reflections on the nature of his behaviour, the findings of this Tribunal and his understanding of the ways in which the workplace and colleagues have been impacted by his conduct;
- information that shows that Dr Siddiqui has kept his medical skills and knowledge up to date;
- any evidence relating to XXX or personal circumstances to the extent he believes that they are relevant; and
- any other information that he considers will assist the Tribunal.

The Outcome of Applications Made during the Impairment Stage

13. The Tribunal accepted the GMC's submissions, made pursuant to Rules 20 and 40 the Rules, that notice of this hearing had properly been served on Dr Siddiqui, and granted its application, made pursuant to Rule 31 of the Rules, that this hearing should proceed in his absence. The Tribunal's full decision on these applications is included at Annex A.

Today's hearing

14. The Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Siddiqui's fitness to practise is impaired by reason of misconduct.

The Evidence

15. The Tribunal has taken into account all the evidence received which included copies of the previous records of determination, the GMC letters to Dr Siddiqui and Dr Siddiqui's response dated 16 November 2024 which reads,

“GMC and MPTS can take my registration and do what ever they want to do with and put in a place where sun doesn’t shine.

I’ll not be contesting and there will be no legal representation on my behalf.

The required evidence is not there and I am least interested in getting restored to the medical register anyway.

Can you please forward my email to who ever is interested in restoring me to the register and I don’t give you know what I mean. Please don’t send me any post as it’s going to the bin any way”

Submissions

16. On behalf of the GMC, Ms Sian Jones, Counsel rehearsed the background of the case and submitted that there is no new information before this Tribunal today to suggest that Dr Siddiqui is no longer impaired by reason of his misconduct. Ms Jones also submitted that Dr Siddiqui’s email of 16 November 2024 indicates that he has not taken any steps to remediate and that he has no wish for his licence to be restored. Ms Jones submitted that there are no material changes to the circumstances of this matter and there is no material change to Dr Siddiqui’s impairment.

17. Ms Jones reminded the Tribunal that Dr Siddiqui’s email to the GMC was an email to his regulator relating to his career and the tone and the language used demonstrate the reasons why he was found impaired in the first place. Ms Jones submitted that public confidence in the profession would be undermined if Dr Siddiqui’s fitness to practise were found to no longer be impaired by reason of his misconduct.

The Relevant Legal Principles

18. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal’s judgement alone. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practice.

19. This Tribunal must determine whether Dr Siddiqui’s fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

The Tribunal's Determination on Impairment

Misconduct

20. The Tribunal noted that the previous Tribunal provided details of the types of information that Dr Siddiqui could provide to a reviewing Tribunal and that he has not provided any information or documentation at all to demonstrate that he has addressed his misconduct.

21. The Tribunal also reminded itself of the doctor's email of 16 November 2024 which he sent to his regulator and which the Tribunal determined to be aggressive, inappropriate and unprofessional in tone and language. The Tribunal agreed with Ms Jones' submission that this email demonstrated the reasons for which Dr Siddiqui was found impaired. The email further evidenced that he has not developed insight into his behaviour nor taken any steps to remediate his misconduct.

22. This Tribunal has therefore determined that Dr Siddiqui's fitness to practise remains impaired by reason of his misconduct. Such a finding was required to meet the overarching objective, to maintain public confidence and to uphold standards in the medical profession.

Determination on Sanction - 05/12/2024

23. Having determined that Dr Siddiqui's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to his registration.

The Evidence

24. No evidence was provided to the Tribunal at this stage.

Submissions

25. On behalf of the GMC, Ms Jones reminded the Tribunal that Dr Siddiqui has been subject to 18 months of suspension and it would be unreasonable to now impose a lesser sanction. Ms Jones submitted that there is now an extensive lack of engagement from Dr Siddiqui and the GMC takes the view that erasure is now the appropriate, proportionate and

effective sanction. There is no appropriate engagement with this process or the regulator and no progress towards developing insight or demonstrating remediation for the misconduct. This is the third hearing without the doctor being present or any evidence being submitted. Ms Jones submitted that there is no evidence to suggest that a further period of suspension would achieve any purpose. Ms Jones also reminded the Tribunal of Dr Siddiqui's own email in which he wrote that,

"GMC and MPTS can take my registration and do what ever they want to do with and put in a place where sun doesn't shine."

26. Ms Jones submitted that this email is not out of keeping with the way in which Dr Siddiqui has behaved throughout these proceedings and he has not communicated further since this email. Ms Jones submitted that this email reflects the doctor's position.

The Tribunal's Determination

27. The decision as to the appropriate sanction, if any, to impose in this case is a matter for the Tribunal exercising its own judgement. In reaching its decision, the Tribunal has taken the Sanctions Guidance (SG) into account and borne in mind the overarching objective.

28. The Tribunal reminded itself that the main reason for imposing any sanction is to protect the public and that sanctions are not imposed to punish or discipline doctors, even though they may have a punitive effect. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Siddiqui's interests with the public interest.

No action

29. The Tribunal first considered whether to conclude the case by taking no further action. It accepted that taking no action following a finding of continued impaired fitness to practise would only be appropriate in exceptional circumstances. The Tribunal determined that there are no exceptional circumstances in this case and that, given the seriousness of Dr Siddiqui's misconduct, which he has yet to meaningfully address, it would neither be sufficient, proportionate, nor in the public interest to conclude this case by taking no action.

Conditions

30. The Tribunal next considered whether to impose conditions on Dr Siddiqui's registration. It had regard to the SG and the circumstances in which conditions are appropriate, proportionate, workable and measurable. The Tribunal concluded that given Dr Siddiqui's continued lack of engagement and the lack of evidence of insight and remediation of his misconduct, it could not be satisfied that he was willing or able to comply with conditions if they were to be imposed.

Suspension

31. The Tribunal next considered whether to impose a further period of suspension on Dr Siddiqui's registration. The Tribunal has borne in mind paragraphs 97 (e and g) of the SG which sets out circumstances where such a sanction might be considered to be appropriate,

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

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

...

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

32. The Tribunal reminded itself that this is the third hearing that Dr Siddiqui has failed to engage with or provide evidence to demonstrate his insight and remediation of his misconduct. The Tribunal therefore concluded that those factors at paragraphs 97 (e and g) of the SG were absent in this case. The Tribunal also reminded itself of Dr Siddiqui's email in which he wrote that he is;

"...least interested in getting restored to the medical register anyway."

The Tribunal determined that this email indicates that Dr Siddiqui has no interest in regaining his registration. It further reminded itself of its previous finding that Dr Siddiqui's email demonstrated the reasons for which Dr Siddiqui was found impaired.

33. The Tribunal, therefore, is not satisfied that a further period of suspension would be appropriate in these circumstances and would not result in Dr Siddiqui engaging meaningfully with this process and, as such, would serve no useful purpose.

34. The Tribunal has therefore determined that imposing a further period of suspension would neither be proportionate nor appropriate to meet the overarching objective.

Erasure

35. When determining to erase Dr Siddiqui's name from the medical register, the Tribunal has borne in mind paragraph 109 (j) of the SG,

109 Any of the following factors being present may indicate erasure is appropriate,

...

j Persistent lack of insight into the seriousness of their actions or the consequences

36. This Tribunal concluded that Dr Siddiqui has provided no evidence of any insight into his misconduct and has made no effort to remediate his misconduct. It noted that the May 2024 Tribunal warned Dr Siddiqui that his continued lack of engagement placed his registration at significant risk. The Tribunal noted that Dr Siddiqui has not shown any willingness to remediate his misconduct or offer any mitigation as to why he cannot remediate at this time. The Tribunal therefore concluded that Dr Siddiqui has demonstrated a persistent lack of insight into the seriousness of his conduct.

37. The Tribunal therefore determined to direct that Dr Siddiqui's name be erased from the medical register.

38. The MPTS will send Dr Siddiqui a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current suspension will remain in place during the appeal period.

39. This concludes the case.

ANNEX A – 05/12/2024

Service of Notice of the Hearing

40. Dr Siddiqui is neither present nor represented at this hearing.

41. Ms Jones submitted that the Tribunal can be properly satisfied that Dr Siddiqui has been adequately served with notice of this hearing and all reasonable efforts have been made. Ms Jones reminded the Tribunal that Dr Siddiqui's registered email and postal address were confirmed by him in a telephone conversation with the GMC that took place on 23 July 2024. Ms Jones also pointed the Tribunal to Dr Siddiqui's email of 16 November 2024 in response to the GMC chasing his response to the information letter and bundle.

42. The Tribunal had regard to the service bundle provided by the GMC, as well as the submissions of Ms Jones.

43. The Tribunal had regard to the GMC information letter and draft bundle that was sent to Dr Siddiqui's registered postal and registered email address on 24 October 2024. The Tribunal noted that the hard copy letter and bundle were delivered to Dr Siddiqui's registered address on 1 November 2024.

44. The Tribunal also considered the MPTS Notice of hearing (NoH) that was emailed to Dr Siddiqui's registered email address on 25 October 2024. Dr Siddiqui acknowledged receipt of the NoH on 28 October 2024.

45. Accordingly, having considered all of the evidence before it, the Tribunal was satisfied that Dr Siddiqui has been properly served with notice of this hearing in accordance with Rules 20 and 40 of the Rules and paragraph 8 of Schedule 4 to the Medical Act 1983.

Proceeding in the Doctor's Absence

46. Ms Jones submitted that it is clear from the doctor's correspondence that he does not intend to attend this hearing and he has not engaged with this hearing in a meaningful way. Ms Jones reminded the Tribunal that Dr Siddiqui has not requested an adjournment and has indicated that, "*The required evidence is not there*". Ms Jones submitted that an adjournment will be unlikely in the extreme to result in his attendance, his engagement or anything material for the Tribunal to consider. Ms Jones submitted that it is in the interest of the public to proceed.

47. The Tribunal went on to consider whether it would be appropriate to proceed with this hearing in Dr Siddiqui's absence pursuant to Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with appropriate care and caution, balancing the interests of the doctor with the wider public interest.

48. The Tribunal gave consideration to the email received from Dr Siddiqui dated 16 November 2024 in which he wrote,

"GMC and MPTS can take my registration and do whatever they want to do with and put in a place where sun doesn't shine.

I'll not be contesting and there will be no legal representation on my behalf. The required evidence is not there and I am least interested in getting restored to the medical register anyway.

Can you please forward my email to whoever is interested in restoring me to the register and I don't give you know what I mean.

Please don't send me any post as it's going to the bin any way."

49. The Tribunal is satisfied that Dr Siddiqui is aware of these proceedings and has voluntarily absented himself noting that he previously failed to engage with earlier review hearings. The Tribunal noted that Dr Siddiqui has not requested an adjournment and, as an adjournment could not guarantee Dr Siddiqui's attendance at any future hearing, it is satisfied that an adjournment would serve no useful purpose.

50. The Tribunal therefore determined to proceed in Dr Siddiqui's absence.