

PUBLIC RECORD

Dates: 29/11/2024

Medical Practitioner's name: Dr Nour REZK

GMC reference number: 7539398

Primary medical qualification: MB ChB 2014 Alexandria University

Type of case **Outcome on impairment**

Review - Misconduct Not Impaired

Summary of outcome
Conditions revoked

Tribunal:

Legally Qualified Chair	Mr Julian Weinberg
Lay Tribunal Member:	Ms Bronwen Cooper
Medical Tribunal Member:	Dr Neil Smart

Tribunal Clerk:	Mrs Anne Bhatti
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Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Ms Hannah Thomas, Counsel, instructed by Medical Protection Society
GMC Representative:	Mr Alan Melvin-Farr, 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 - 29/11/2024

1. At this review hearing 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 Rezk's fitness to practise is impaired by reason of misconduct.

Background

2. Dr Rezk qualified with a MB Bch (Bachelor of Medicine and Surgery) at Alexandria University in Egypt in October 2014. Between June 2016 and November 2017, he worked as a physician within the Directorate of Health Affairs in Alexandria. In November 2017 Dr Rezk moved to the UK. He was employed as a junior clinical fellow in Anaesthetics at West Middlesex Hospital between November 2017 and April 2018.
3. Between April and August 2018, Dr Rezk was employed as a Trust grade doctor in Emergency Medicine at the Queen's Medical Centre, Nottingham. Between August 2018 and August 2019, he completed his Core Medical Training in Internal Medicine (CT1) at Derriford Hospital, Plymouth. Dr Rezk began his Speciality Training in Emergency Medicine in August 2019 and was employed at Royal Shrewsbury Hospital as an ST1.
4. Dr Rezk completed the first stage of the Faculty of the Royal College of Emergency Medicine (FRC EM) exams in December 2019. He began as an ST2 in Emergency Medicine in August 2020, at the West Midlands Deanery. He was allocated to the ICU/Anaesthetic department at Walsall Manor Hospital, part of Walsall Healthcare NHS Trust. In March 2021, Dr Rezk completed the next stage of the FRC EM exams and in August 2021, completed his ST2 year.
5. In August 2021, Dr Rezk began his ST3 training in Emergency Medicine at Walsall Manor Hospital and, and in September 2021, completed the third stage of the FRC EM exams. Dr

Rezk began work at Birmingham City Hospital, part of Sandwell and West Birmingham NHS Trust, in February 2022 as part of his next rotation. This was due to conclude in August 2022. However due to the matters before the March and April 2023 Tribunal ('2023 Tribunal'), he was not permitted to progress further.

6. Dr Rezk admitted and the 2023 Tribunal found proved at Dr Rezk's hearing in March to April 2023, that between September 2020 to December 2020, Dr Rezk communicated with a former colleague, Ms A, via Facebook and sent unsolicited and inappropriate messages and photographs which were of a sexual nature. Dr Rezk's actions were sexually motivated and amounted to sexual harassment.
7. Furthermore, around December 2020 Dr Rezk communicated with a former colleague, Ms B, via Facebook and sent her unsolicited and inappropriate messages which were of a sexual nature. Dr Rezk's actions were sexually motivated and amounted to sexual harassment.

2023 Tribunal

8. The 2023 Tribunal considered that the facts which were found proved on Dr Rezk's admission in relation to Ms A and Ms B were inappropriate, sexually motivated, amounted to sexual harassment and were sufficiently serious to amount to misconduct. Dr Rezk's Facebook Messenger messages to Ms A included, but were not limited to:
 - sending her a message stating or implying that he had masturbated whilst looking at her Facebook profile picture, or words to that effect;
 - sending photographs of his genitalia on three immediately successive occasions;
 - persisting in his sending messages of a sexual nature despite Ms A requesting that he cease to do so.
9. In Dr Rezk's Facebook Messenger messages to Ms B:
 - he asked her questions about her own past sexual experiences and preferences and / or her sexuality,
 - disclosed information concerning his own past sexual experiences and relationships and
 - continued to ask her about her sexual preferences notwithstanding that she stated that it would be inappropriate for her to respond.

10. Dr Rezk had only known Ms A and Ms B whilst he was doing his core training between August 2018 and August 2019. They were both XXX in the University Hospitals Plymouth NHS Trust at the time of his core training.
11. The 2023 Tribunal found that, by his behaviour, Dr Rezk breached paragraphs 36 and 65 of Good Medical Practice dated 2013 ('GMP'). The 2023 Tribunal had reached the conclusion that the explanations which Dr Rezk advanced did not mitigate his behaviour which, objectively, amounted to harassment of Ms A and Ms B. Dr Rezk admitted misconduct before the 2023 Tribunal. The 2023 Tribunal therefore concluded that the matters found proved amounted to serious misconduct.

Impairment

12. The 2023 Tribunal considered whether Dr Rezk's fitness to practise was impaired by reason of his misconduct. The 2023 Tribunal bore in mind that Dr Rezk had undertaken a number of CPD courses. In addition, Dr Rezk XXX. Dr Rezk expressed remorse and apologised for his behaviour towards Ms A and Ms B, to the GMC and to the 2023 Tribunal. He produced a number of references and testimonials which attested to the fact that he was doing well in his career, and that he was well liked by his colleagues.
13. The Tribunal accepted that following his attendance on the courses and the XXX, Dr Rezk had gained considerable insight into his behaviour to the extent that it was satisfied that it was most unlikely that he would behave in a similar way again.
14. The Tribunal concluded that Dr Rezk breached a fundamental tenet of the profession because he had not treated his colleagues with respect.
15. The 2023 Tribunal concluded that Dr Rezk's fitness to practise was impaired on wider public interest grounds because such a finding was necessary to uphold proper professional standards and conduct and to maintain public confidence in the profession. The 2023 Tribunal therefore found that Dr Rezk's fitness to practise was currently impaired.

Sanction

16. The 2023 Tribunal determined to take no action and imposed no sanction in this case. The GMC appealed the 2023 Tribunal's decision to the High Court.

17. On 18 December 2023 the High Court allowed the GMC’s appeal, quashed the outcome of the 2023 Tribunal and imposed conditions on Dr Rezk’s registration for a period of 12 months. HHJ D stated that:

‘134. In my judgment, conditions which require Dr Rezk to continue to work on his attitude towards his female colleagues, under supervision, are an appropriate way of addressing his shortcomings in this regard, and reinforcing the progress that he has already made. In my view, a period of 12 months is the minimum period required to achieve this objective. The Tribunal found that Dr Rezk has insight and has responded positively to remediation or training. In the light of his co-operation with the GMC proceedings to date, I am satisfied that he would comply with any conditions.

135. Such an order would also meet the public interest in training and retaining competent doctors. The other sanctions proposed – no further action or suspension – do not provide for any remediation. Imposition of conditions does not carry with it the risk that he will lose his training contract, which I consider would be a disproportionate response to his misconduct.’

18. Dr Rezk’s registration became subject to conditions, for a period of 12 months with effect from 18 December 2023, until 17 December 2024 as follows:

- 1 He must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:
 - a the details of his current post, including:
 - i his job title
 - ii his job location
 - iii his responsible officer (or their nominated deputy)
 - b the contact details of his employer and any contracting body, including his direct line manager
 - c any organisation where he has practising privileges and/or admitting rights
 - d any training programmes he is in

- e of the contact details of any locum agency or out of hours service he is registered with.
- 2 He must personally ensure the GMC is notified:
- a of any post he accepts, before starting it
 - b that all relevant people have been notified of his conditions, in accordance with condition 7
 - c if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
 - d if any of his posts, practising privileges or admitting rights have been suspended or terminated by his employer before the agreed date within seven calendar days of being notified of the termination
 - e if he applies for a post outside the UK
- 3
- a He must have a workplace reporter appointed by his responsible officer (or their nominated deputy).
 - b He must not work until:
 - i his responsible officer (or their nominated deputy) has appointed his workplace reporter
 - ii he has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter.
- 4
- a He must have an educational supervisor appointed by his responsible officer (or their nominated deputy)
 - b He must not work until:
 - i his responsible officer (or their nominated deputy) has appointed his educational supervisor
 - ii he has personally ensured that the GMC has been notified of the name and contact details of his educational supervisor.

- 5 He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.
- 6 a He must design a personal development plan (PDP), with specific aims to address the deficiencies in the following areas of his practice.
- i. Treating colleagues with respect and ethics;
 - ii. Good Medical Practice - Ethical Guidance, with a focus on paragraphs 35, 36, 37, 65 and 69
 - iii. General Medical Council's guidance on Doctor's use of social media
- b His PDP must be approved by his responsible officer (or their nominated deputy)
- c He must give the GMC a copy of his approved PDP within three months of these substantive conditions becoming effective.
- d He must give the GMC a copy of his approved PDP on request.
- e He must meet with his responsible officer (or their nominated deputy), as required, to discuss his achievements against the aims of his PDP.
- 7 He must personally ensure the following persons are notified of the conditions listed at 1 to 6:
- a his responsible officer (or their nominated deputy)
 - b the responsible officer of the following organisations:
 - i his place(s) of work, and any prospective place of work (at the time of application)
 - ii all his contracting bodies and any prospective contracting body (prior to entering a contract)
 - iii any organisation where he has, or has applied for, practising privileges and/or admitting rights (at the time of application)

iv any locum agency or out of hours service he is registered with.

v If any of the organisations listed at (i to iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify this person, he must contact the GMC for advice before working for that organisation.

c his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

Today's Tribunal

The Evidence

19. The Tribunal has taken into account all the evidence received, both oral and documentary.
20. Dr Rezk provided reflective statements dated April 2022, April 2024 and September 2024. Dr Rezk also gave oral evidence at the hearing.

Summary of Dr Rezk's evidence

21. Dr Rezk expressed extreme shame and remorse and stated that '*nothing goes without a penalty*'. He felt sorry he exposed the complainants to his misbehaviour. He stated that he had a thorough understanding as to what acceptable behaviour was for a doctor. Dr Rezk had completed relevant continued professional development ('CPD') courses, and he understood the need to maintain the same standards of professionalism online with what would be expected of him in person.
22. Dr Rezk stated that his behaviour was disrespectful to colleagues and highlighted the steps he would take avoid repetition of his misconduct which included reducing his social media use and reducing social contact which may stray into inappropriate contact. Dr Rezk accepted that he found the conditions imposed to be helpful and emphasised that he had worked without any clinical concerns since. He stated that his personal circumstances were now more stable and that he had a greater level of support around him.

23. The Tribunal received the following evidence which includes but was not limited to:

- Record of Determination dated 3 April 2023;
- High Court Order and High Court Judgment dated 18 December 2023;
- Letters from GMC and MPTS to Dr Rezk dated 19 December 2023;
- Workplace and Educational Supervision Reports dated 15 January 2024 and 22 July 2024;
- Dr Rezk reflective statements;
- Copy of Responsible Officer PDP dated 22 April 2022;
- Dr Rezk’s multisource feedback dated 25 April 2024;
- CPD certificates in relation to courses on, ‘Professional Boundaries Course for Clinicians’, ‘Module on Insight’, ‘Professionalism and the Professional Standards for Doctors’, ‘How to ensure a similar mistake or misconduct will not be repeated in the future’ and ‘Equality and Diversity’;
- Testimonial references, various dates;
- Informal feedback, Personal Development Plans and Reflections, various dates.

Submissions

On behalf of the GMC

24. On behalf of the GMC, Mr Alan Melvin-Farr, Counsel submitted that the GMC was neutral on impairment. He referred the Tribunal to Dr Rezk’s substantial bundle of documentation of remediation including reflective statements, continued professional development (‘CPD’), testimonials and positive reports. During the period of conditions on his registration there had been no concerns regarding Dr Rezk’s professionalism or conduct. Dr Rezk had expressed profound remorse numerous times and apologised to his colleagues for any distress caused.
25. Mr Melvin-Farr stated that Dr Rezk stated he would not expose his colleagues to similar behaviour again. Since the incident, Dr Rezk stated that he had been extremely cautious with the use of social media and was more sensitive to the feelings of his colleagues and how behaviour can be perceived by others. Dr Rezk had shown that he understood the importance of maintaining boundaries at work to help minimise misunderstanding. Dr Rezk appeared to have taken accountability for his actions by saying that he lacked awareness of the impact of his actions on others at the time, but now had realised that

his behaviour was not in keeping with the role of a doctor. Dr Rezk accepted that he mismanaged situations, was not respectful nor did he seek consent for his actions. Dr Rezk had highlighted that he now aimed to create a safe environment between himself and colleagues.

26. However, Mr Melvin-Farr submitted that Dr Rezk had not gone further to explain the impact of his behaviour on the profession and public trust in the medical profession.

On behalf of Dr Rezk

27. On behalf of Dr Rezk, Ms Hannah Thomas, Counsel submitted that Dr Rezk's fitness to practise was no longer impaired and submitted that the conditions currently in place on Dr Rezk's registration should be revoked with immediate effect. She submitted that Dr Rezk had fully complied with the conditions of practice which had been in place.
28. Ms Thomas submitted that Dr Rezk was someone who had gone on a journey of not even understanding that what he did amounted to sexual harassment at the time that he did it, to now understanding fully that what he did was wrong, that it amounts to sexual harassment and feeling shame and sorrow for both him and his colleagues. Dr Rezk accepted what he did was appalling behaviour. She submitted that he was quite simply a different man now to someone who he was four years ago when these allegations were brought to light.
29. Ms Thomas submitted that he had become engaged in a secure relationship. There had been a period of four years where there had been no regulatory concerns. He has received positive reports and feedback from colleagues and his supervisor and had complied with the conditions. He had been open and honest with colleagues about this. He has taken practical steps to put in place restrictions of his own use of social media in order to make his colleagues feel safe.
30. Ms Thomas submitted that Dr Rezk had adopted the practice of always using a chaperone, something that was a step to make the public feel safe. Dr Rezk, she submitted, had developed full insight. He had shown remorse and had completed, reflected and learnt from the various relevant CPD courses that he had undertaken.

The Relevant Legal Principles

31. 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 his would be safe to return to unrestricted practice.
32. This Tribunal must determine whether Dr Rezk's fitness to practise is impaired today, taking into account Dr Rezk's 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

33. The Tribunal bore in mind that the onus was on Dr Rezk to demonstrate that he was now fit to return to unrestricted practice.
34. The Tribunal considered that Dr Rezk's misconduct was remediable and considered what remediation steps Dr Rezk had undertaken. The Tribunal was of the view that Dr Rezk completed substantive remediation which included and was not limited to: several courses on professional boundaries; training on 'Sexual Harassment Prevention'; courses on Probity and Ethics; and subsequent reflections on courses attended; he had two personal development plans; and reflective statements dated April 2022 and two further reflective statements as part of his personal development plans dated April and September 2024. In addition, Dr Rezk had provided several positive testimonial references and informal feedback from colleagues and a patient.
35. The Tribunal took into account the testimonial evidence, one which was from Dr C, his responsible officer dated 22 July 2024:

'Dr Rezk has completed the learning he had identified on his PDP regarding treating colleagues with respect, ethical guidance and the use of social media. He has completed a multi-source feedback in September 23 which did not highlight any concerns and included some positive feedback around him being respectful and communicating well with patients and their families. He was reported to be a good team member and to treat colleagues with respect.'

Dr Rezk is discussed at the faculty group meetings on a regular basis. The feedback is that he is learning and developing as expected for a trainee at his level (stepping up from ST3 to ST4) and there have been no concerns about his

professionalism or conduct. He is seen to be enthusiastic and keen to learn and to have made steady progress during his placement at Worcester. He responds well to feedback, welcoming it and putting any suggestions for improvement into practice.'

36. The Tribunal bore in mind that Dr C stated in her email to the GMC dated 11 October 2024, 'I have not had any concerns regarding Dr Nour Rezk since the 22nd July'. Dr Rezk had complied with his conditions without any issues. The Tribunal took into consideration that three and half years had elapsed since the misconduct had occurred and there had been no repetition of, or concerns about his behaviour since.

37. The Tribunal had before it, feedback for Dr Rezk which was positive. The Tribunal bore in mind that multisource feedback was obtained from 25 respondents and was therefore likely to be a representative sample and reflective of his workplace behaviour. From Dr Rezk's CPD he had demonstrated an awareness of his behaviour and made reflections which had been relevant to the conditions imposed and he had also read the GMC Guidance on Social Media which was one of the conditions on his registration.

38. The Tribunal bore in mind Dr Rezk's reflective statement:

'I acknowledge that my behaviour amounted to sexual harassment, something I did not realise or think about at the time. I can say with certainty that I am now more self-aware of my actions and the impact they have on others. I realise that professionalism as a doctor is not only limited to the workplace but also to actions outside of the workplace, including social media use. I am remorseful of my actions and keen to work towards being able to be proud of my reputation professionally and personally, by behaving in a way which is expected of me and by ensuring I am always working in line the guidance in Good Medical Practice.'

39. The Tribunal was of the view that Dr Rezk had understood the effective use of social media. Dr Rezk had taken meaningful steps to ensure that he had adhered to professional boundaries. He had stated what steps he had taken to prevent inappropriate use of social media in particular with work colleagues and the different rules for his close family and friends. He had explained that contact with his colleagues was restricted to WhatsApp and email.

40. The Tribunal was of the view that Dr Rezk had effectively considered that he had been isolated at the time of the misconduct and how he would act differently in the future should similar circumstances arise.
41. The Tribunal considered Mr Melvin-Farr's submission that Dr Rezk had not gone further to explain the impact of his behaviour on the profession and public trust in the medical profession. The Tribunal bore in mind Dr Rezk's reflective statement which stated:

'appreciate that in my interactions with my two XXX colleagues, I did not role model the respectful behaviour expected of a doctor.'

42. Dr Rezk also stated in his reflective statement:

'I lacked awareness of the deep impact of my actions on my colleagues and my actions did not represent role modelling behaviours expected of a doctor. Had I been more aware of the expectations of me as a doctor, I would not have done what I did. It is a priority for me to now work in a way which is consistent with this value.'

43. The Tribunal determined that Dr Rezk had expressed an understanding of the impact his behaviour had on his colleagues. Furthermore, Dr Rezk was aware about what the public's expectation was of a doctor. Dr Rezk had repeatedly said in evidence what would be expected of doctors' behaviour online and how they were expected to behave face to face. The Tribunal was of the view that Dr Rezk had understood the paragraphs from GMP and knew what was expected of him.

44. Dr Rezk had stated in his written reflections:

'I have asked the dean, if it is possible, that for my next rotation, this is in the south of the region (originally I am a north trainee) so that I can hopefully start the next rotation with a feeling of a clean slate so that I can focus on my work. I am awaiting the dean's opinion on the feasibility of this. Regardless, I know that with more time that passes, it will get easier and more manageable. I realise it is entirely my fault that I am in this situation, and I only have myself to blame.'

45. The Tribunal was of the view that Dr Rezk's reflections had been sincere, he had expressed genuine regret, remorse and had apologised, recognised his behaviour was wrong, and expressed shame for his behaviour. He had shown determination to comply

with the standards moving forward, complied with the conditions and standards expected of him. The Tribunal concluded that Dr Rezk had provided extensive remediation and now had a very high level of insight into his misconduct.

46. The Tribunal concluded that given Dr Rezk's very high level of insight and the extensive remediation steps he had taken to address the misconduct, it was highly unlikely that he would repeat his misconduct.
47. This Tribunal has therefore determined that Dr Rezk's fitness to practise is not impaired by reason of misconduct.
48. The Tribunal concluded to revoke the conditions of practice order for the remainder of the current period of conditional registration pursuant to section 35D(12)(d) Medical Act 1983 with immediate effect.