PUBLIC RECORD

Date: 06/08/2026

Doctor:	Dr Raisah SAWATI
GMC reference number:	7266794
Primary medical qualification:	MB ChB 2012 University of Manchester

Type of case

Review - Misconduct

Outcome on impairment

Not impaired

Summary of outcome

Conditions revoked

Tribunal:

Legally Qualified Chair:	Mr Gerry Wareham
Lay Tribunal Member:	Mr Darren Shenton
Registrant Tribunal Member:	Dr Euan Strachan-Orr

Tribunal Clerk:	Miss Fiona Johnston

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Martin Forde, KC, instructed by CMS Cameron McKenna Nabarro Olswang LLP
GMC Representative:	Mr Julian King, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in public.

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Impairment - 06/08/2026

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 Sawati's fitness to practise remains impaired by reason of misconduct.

Background

2. Dr Sawati qualified from the University of Manchester in 2012. Following completion of her Foundation training, she was practising as an Internal Medicine Trainee at Wirral University Teaching Hospital NHS Foundation Trust at the time of the events giving rise to these proceedings.

3. The present review follows a Medical Practitioners Tribunal held between September and October 2024. That Tribunal considered allegations arising from events on 6 April 2020, when Dr Sawati was subject to Interim Order Conditions requiring her to be directly supervised in all clinical posts.

4. Following the onset of the COVID-19 pandemic, Dr Sawati was transferred from Arrowe Park Hospital to Clatterbridge Hospital, where alternative supervisory arrangements had been put in place. After completing her duties at Clatterbridge on 6 April 2020, Dr Sawati returned to Arrowe Park Hospital and completed Cremation Form 4 certificates for two deceased patients while not under the direct supervision required by her Interim Order Conditions. It was also alleged that she altered part of a death certificate and that she completed the cremation forms knowing she may be entitled to claim a fee for doing so.

5. The following day, discrepancies in the documentation were identified by her supervising consultant, who reissued the paperwork. Dr Sawati was suspended pending investigation. The matter was referred to the GMC and the police. During a police interview

on 4 June 2020, Dr Sawati gave an account of how she came to complete the paperwork which was subsequently found to be untrue.

2024 Hearing

6. At the 2024 hearing, Dr Sawati admitted a number of the allegations. The Tribunal found proved that she had breached her Interim Order Conditions by completing the cremation forms without the required direct supervision and without reasonable justification. It also found that she knew she had been instructed to work at Clatterbridge and that she knew completion of cremation forms could attract a fee. Although the Tribunal found that statements made during her police interview were untrue, it did not find that she knew they were untrue or that they were dishonest.

7. The Tribunal concluded that Dr Sawati's misconduct engaged fundamental duties set out in *Good Medical Practice*, including acting within the limits of competence, maintaining honesty and integrity, and justifying the trust of patients, colleagues and the public.

8. In considering impairment, the Tribunal accepted Dr Sawati's commitment to continuing her medical career but concluded that she had not yet demonstrated sufficient insight into her misconduct or adequately addressed the risk of repetition. It also found that a finding of impairment was required to maintain public confidence in the profession and uphold proper professional standards.

9. When determining sanction, the Tribunal accepted that the breach of the Interim Order Conditions had been inadvertent rather than a deliberate attempt to evade supervision, noting the rapidly changing clinical environment during the early stages of the COVID-19 pandemic. It also accepted that the untrue statements made during the police interview arose from stress and panic rather than dishonesty. The Tribunal considered that Dr Sawati would benefit from a structured programme of remediation and was reassured by evidence that she had secured a place at the Centre for Remediation, Support and Training.

10. The Tribunal imposed a 12 month Conditions Practice Order concluding that this would provide an appropriate framework for remediation while protecting the public. It directed that the order be reviewed before expiry and indicated that the reviewing Tribunal would be assisted by evidence of Dr Sawati's engagement with the remediation programme, reports from supervisors and mentors, evidence of reflective practice and insight, and an assessment of her readiness to return to unrestricted practice.

2025 Hearing

11. A review hearing took place on 31 October 2025. The 2025 Tribunal determined that Dr Sawati had developed sufficient insight into her misconduct and had adequately remediated the concerns identified by the 2024 Tribunal. It was satisfied that the risk of repetition of her misconduct was low.

12. The Tribunal also found that Dr Sawati had provided the evidence requested by the previous Tribunal, including evidence of reflection, remediation and professional development. However, it remained concerned that she had not been in clinical practice for over five years and concluded that her clinical skills would inevitably have deteriorated during that period.

13. The 2025 Tribunal determined that, despite Dr Sawati's significant remediation and well-developed insight, there remained a risk to patient safety if she were permitted to return to unrestricted practice without first addressing the issue of clinical de-skilling. It therefore concluded that the overarching objective of protecting, promoting and maintaining the health, safety and well-being of the public remained engaged.

14. Accordingly, the Tribunal determined that Dr Sawati's fitness to practise remained impaired by reason of misconduct. In considering sanction, it concluded that a Conditions of Practice Order remained appropriate and proportionate. Having regard to Dr Sawati's insight, remediation and low risk of repetition, the Tribunal imposed a further period of Conditions for nine months to facilitate her safe return to clinical practice while protecting the public.

15. The 2025 Tribunal determined to direct a review of Dr Sawati’s case. It determined that a future reviewing Tribunal may be assisted if Dr Sawati provides the following:

- Performance progression reports from her clinical supervisor;
- Evidence of CPD;
- Report from her mentor; and
- Any other information that Dr Sawati considers will assist.

Today's Hearing

The Evidence

16. The Tribunal has taken into account all the evidence received, including live testimony from Professor C and Mr B on behalf of the doctor.

17. The Tribunal also received the following documentary evidence, which included but was not limited to:

- 2024 and 2025 Record of Determination;
- Various correspondence between the GMC and Dr Sawati;
- Worklog report dated 9 April 2026 and 16 July 2026;
- Notification of observership dated 13 July 2026;
- Evidence of Attempts by Dr Sawati to secure clinical exposure;
- Evidence of General CPD and Clinical CPD;
- Testimonials.

Submissions on Behalf of the GMC

18. On behalf of the GMC, Mr King submitted that the GMC adopted a neutral position on the question of whether Dr Sawati's fitness to practise remained impaired. However, he sought to assist the Tribunal by referring it to the relevant sections of new the MPTS Review Guidance which came into effect 22 June 2026, in particular paragraphs 7–9, which set out that a review Tribunal must determine whether a doctor's fitness to practise remains impaired by reference to the ground of impairment previously established and by considering all relevant evidence available at the review hearing.

19. Mr King submitted that the Tribunal should adopt the structured approach set out in the Review Guidance. In particular, he referred the Tribunal to Step 1A, which requires consideration of the previous Tribunal's assessment of risk, the reasons for that assessment, any new evidence since the previous review, the doctor's insight and remediation, whether that remediation is genuine, whether the doctor has maintained the necessary knowledge and skills, and whether the level of risk to public protection has changed.

20. He submitted that the previous Tribunal had found that Dr Sawati had successfully remediated the misconduct which had led to the finding of impairment. He also

acknowledged that the evidence presented at this review was detailed and provided specific examples of Dr Sawati's activities since the last review.

21. Mr King submitted that particular consideration should be given to whether Dr Sawati had maintained her clinical knowledge and skills. He invited the Tribunal to consider the oral evidence heard during the hearing, regarding her clinical competence and the response to the questions put on behalf of the GMC.

22. Mr King submitted that, having considered the matters identified in Step 1A, the Tribunal should proceed to Step 1B of the Review Guidance and reach its own independent judgment on whether Dr Sawati's fitness to practise remained impaired. He reminded the Tribunal that the decision on impairment was one for the Tribunal alone, exercising its own judgment in light of all the evidence.

23. In conclusion, Mr King reiterated that the GMC remained neutral on the question of impairment but hoped that its submissions and the Review Guidance had assisted the Tribunal in determining the appropriate approach to its decision-making.

On behalf of Dr Sawati

24. On behalf of Dr Sawati, Mr Martin Forde KC referred the Tribunal to the findings of the 2024 and 2025 Tribunals. He submitted that the conditions imposed following the 2025 review, which required Dr Sawati to work under direct supervision, had proved unworkable in practice and had contributed to her becoming deskilled.

25. Mr Forde referred the Tribunal to paragraph 9 of the new MPTS Review Guidance, which states that a review Tribunal should assess whether a doctor's fitness to practise remains impaired by reference to the ground of impairment previously established and should not introduce or consider a new ground of impairment in the absence of separate matters having been referred for determination.

26. He submitted that, had this guidance been in force at the time of the October 2025 review, there would have been a strong argument that the previous Tribunal had gone beyond its proper remit by effectively introducing a new ground of impairment, namely that Dr Sawati's fitness to practise was impaired because she had become deskilled. He submitted that the original finding of impairment made in 2024 arose solely from misconduct and was

unrelated to Dr Sawati's clinical competence. He further submitted that there was no continuing lack of insight and no risk of repetition of the misconduct.

27. Mr Forde submitted that the evidence before the Tribunal demonstrated that Dr Sawati was an insightful, determined and highly intelligent doctor. He referred to the extensive continuing professional development she had undertaken, including her study of medico-legal issues, NICE guidance, clinical learning relating to sepsis, the importance of obtaining second opinions, and reflective practice arising from each of the clinical and non-clinical roles she had undertaken since the previous review.

28. Mr Forde also took the Tribunal through the testimonials submitted on Dr Sawati's behalf. He submitted that these consistently described her as a hardworking and conscientious doctor who had demonstrated genuine insight into her misconduct and had worked tirelessly to obtain clinical opportunities despite the restrictions on her registration.

29. In relation to risk, Mr Forde submitted that there was no evidence of any continuing risk to the public. He submitted that Dr Sawati had spent a considerable period subject to restrictions, during which she had reflected extensively on her misconduct and had undertaken exemplary continuing professional development. Within the limitations imposed by her conditions of registration, she had done everything reasonably possible to maintain and develop her clinical knowledge and skills.

30. He submitted that those who had assessed or worked with her considered her clinical skills to be good, but that she had not been afforded an opportunity to demonstrate those skills in a supervised clinical setting. He submitted that the outcome sought by Dr Sawati was simply the opportunity to return to clinical practice so that she could demonstrate her competence safely

The Relevant Legal Principles

31. The Tribunal received and accepted legal advice.

32. The Tribunal reminded itself that, although the previous Tribunal had set out the matters that a future Tribunal might be assisted by, the decision of impairment is a matter for this Tribunal’s judgement alone. The Tribunal is aware that it is for the doctor to satisfy it that she would be safe to return to unrestricted practise.

33. This Tribunal must determine whether Dr Sawati'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.

34. In reaching its decision, the Tribunal should take into account the three parts of public protection, that is: protecting and promoting the health, safety and wellbeing of the public; promoting and maintaining public confidence in the profession; and promoting and maintaining proper professional standards and conduct.

35. The Tribunal must determine whether the doctor has demonstrated insight, and if so, to what extent. The Tribunal must also determine whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of current impairment were not made.

36. The Tribunal will need to consider the following:

- What was the last assessment of current and ongoing risk to public protection resulting in the doctor's fitness to practise being found impaired? (Looking back at the previous tribunal's findings).
- What has happened since the last assessment of risk and what impact does this have?
- How has the doctor responded to the previous tribunal's findings?
- Has the risk to public protection requiring restrictive action in response changed and if so, how?

The Tribunal's Determination on Impairment

37. The Tribunal considered the matters relating to Dr Sawati's misconduct.

<u>What was the last assessment of current and ongoing risk to public protection resulting in Dr Sawati's fitness to practise being found impaired?</u>

38. This Tribunal had regard to the findings and conclusions of the 2025 Tribunal. It noted that the previous Tribunal's determination on impairment

> *'The Tribunal considered what evidence it had before it in this review hearing. It determined that Dr Sawati has provided what the 2024 Tribunal has asked of her. It*

considered that Dr Sawati has reflected, developed sufficient insight into her misconduct, and taken the appropriate steps toward remediation. However, it considered that her clinical skills were not sufficiently maintained as she has not worked in clinical practice for some five years.

'The Tribunal considered that there were therefore patient safety concerns, if Dr Sawati was to return to practice unrestricted and determined that the following part of the over-arching objective was engaged:

- *To protect, promote and maintain the health, safety and well-being of the public;*

'The Tribunal found that if it were to find Dr Sawati not impaired it would risk patient safety, given its concerns about a de-skilled doctor being permitted to return to unrestricted practice. '

39. This Tribunal considered that Dr Sawati had responded positively to the findings of the 2025 Tribunal and had made substantial progress in further developing both her insight and remediation. It assessed the quality of her remediation in relation to her misconduct and concluded that she had taken significant steps to address the concerns identified by the previous Tribunal and to remediate the misconduct.

40. However, the 2025 Tribunal also considered that there was a risk that Dr Sawati had become deskilled as a result of her prolonged absence from clinical practice. Accordingly, it found that patient safety concerns remained.

41. The 2025 Tribunal determined that, notwithstanding those concerns, Dr Sawati would be safe to return to clinical practice subject to conditions.

<u>What has happened since the last assessment of risk and what impact does this have?</u>

42. It was clear to the Tribunal today that Dr Sawati had carefully considered the findings of the 2025 Tribunal and had reflected meaningfully on the concerns previously identified.

43. The Tribunal assessed the quality of Dr Sawati's remediation in relation to her misconduct and was satisfied that she had taken significant and sustained steps to address the deficiencies identified by the previous Tribunal in this respect.

44. The Tribunal took into account the testimonial evidence from Dr Sawati's mentor, Professor A, who stated:

> *'I have been a mentor for Dr Sawati from Centre for Remediation and Support for Training (CRST) helping her through securing compliance with the GMC conditions through rigorous CPD activities, high quality reflective practice with a view to her Conditions on her registration being removed*
>
> *…..*
>
> *From the outset, Dr Sawati was entirely candid regarding both her professional history and the challenges she has faced. In my discussions with her, I found her insight to be genuine, mature and well developed. She demonstrated a clear understanding of the concerns that have arisen during her career and, importantly, a strong commitment to learning from those experiences. What impressed me most was not simply her insight but the persistence with which she has sought opportunities to demonstrate rehabilitation and rebuild her professional standing.*
>
> *….*
>
> *Dr Sawati demonstrated motivation and commitment. She has pursued multiple avenues to obtain clinical work, sought support from senior clinicians, maintained her professional development, engaged in reflective practice and continued to demonstrate determination despite repeated setbacks. In my experience, such persistence is indicative of a doctor who remains deeply committed to her profession and is keen to get back into supervised clinical practice.*
>
> *She has persisted in her committed efforts in pursuing CPD activities and Reflective practice to demonstrate compliance with her Conditions and keenness to get into clinical practice'*

45. The Tribunal attached considerable weight to this evidence, noting Professor A's direct knowledge of Dr Sawati's professional development and remediation.

46. The Tribunal was satisfied that Dr Sawati had maintained her professional knowledge and skills to the best of her ability during the relevant period. It noted the substantial

evidence demonstrating her commitment to keeping her clinical knowledge up to date through continuing professional development and other learning activities.

47. The Tribunal further considered that there was no evidence that Dr Sawati posed a risk to the public. In any future clinical role, she would initially practise at a level requiring appropriate supervision and oversight, providing an additional safeguard while she continued to rebuild her clinical experience. In light of the extensive remediation undertaken, her maintained knowledge and ongoing engagement with professional development, the Tribunal was satisfied that the risk of repetition remained low and that the risk associated to her lack of recent clinical practise had been mitigated by the measures referenced below.

How has the doctor responded to the 2025 Tribunal's findings?

48. The Tribunal noted that, since 31 March 2026, Dr Sawati has been employed as a Trainee Medicolegal Adviser with Medic Law on a fixed-term six-month contract. The Tribunal considered this to be further evidence of her commitment to maintaining her professional engagement and developing relevant skills while seeking to return to clinical practice.

49. The Tribunal also took into account the witness statement of Mr B, Dr Sawati's workplace reporter, in which he stated:

> *Dr Sawati has left no stone unturned and made sustained and determined efforts to obtain supervised clinical experience. But despite all the effort she has only managed to get an occasional offer of clinical attachment.*
>
> *…..*
>
> *Over the past year, Dr Sawati has made persistent and proactive efforts to obtain supervised clinical experience. She has approached multiple NHS organisations and consultants, attended meetings, followed up on opportunities, accepted recommendations from senior clinicians and remained willing to undertake both paid and unpaid roles.*
>
> *Many of these opportunities were supported by consultants, supervisors and mentors who were familiar with her and her abilities and believe that she was suitable for supervised practice. However, despite their support, the majority did not progress, in*

my view, because of funding constraints, governance requirements, recruitment limitations or organisational barriers beyond her control.

Throughout this period, Dr Sawati has continued to demonstrate commitment to returning safely to medical practice by remaining professionally engaged, maintaining her clinical knowledge, pursuing every realistic opportunity for supervised patient contact and adapting her approach whenever previous opportunities were unsuccessful.'

50. The Tribunal attached weight to his evidence, noting his direct knowledge of Dr Sawati's professionalism, work ethic and performance in the workplace.

51. The Tribunal noted that Dr Sawati has made every reasonable effort to obtain employment and to secure a clinical role before this review hearing. It accepted that she remains determined to return to clinical practice and to address the concerns identified by the 2025 Tribunal regarding her clinical skills.

Has the risk to public protection requiring restrictive action in response changed and if so, how?

52. The Tribunal determined that Dr Sawati has reflected fully on her misconduct and has addressed the concerns identified by the 2025 Tribunal, including those relating to clinical deskilling. It was satisfied that there was no further evidence that Dr Sawati could reasonably have been expected to provide to demonstrate her remediation.

53. The Tribunal was also satisfied that Dr Sawati has demonstrated sufficient insight into the impact of her misconduct on public confidence in the profession and the reputation of the profession.

54. Having considered all of the evidence, the Tribunal concluded that there is no current risk to any of the three limbs of public protection. It was satisfied that the only remaining concern identified by the 2025 Tribunal related to clinical deskilling and that Dr Sawati had taken all reasonable steps to address it. The Tribunal accepted that the existing conditions had prevented her from obtaining a clinical attachment and that there was nothing further she could reasonably have done to remediate this issue. The Tribunal was also reassured by the evidence of Professor C that he was satisfied that standard levels of monitoring and

oversight which would apply to Dr Sawati should she obtain a clinical post, would be sufficient to ensure patient safety whilst she regained her experience.

55. The Tribunal also noted that the GMC adopted a neutral position at this review hearing. For the reasons set out above the Tribunal concluded that Dr Sawati's fitness to practise is no longer impaired by reason of her misconduct.

56. The Tribunal then took into account paragraph 117 of the new guidance:

> 117. *If the MPT is of the view that the doctor no longer poses a current and ongoing risk to public protection requiring restrictive action in response, it may be proportionate to revoke the sanction immediately. Whether this is proportionate will depend on the individual circumstances of the case and the reasons the current sanction was imposed.*

57. The Tribunal was satisfied the doctor no longer poses a current risk to public protection. For that reason, it determined that the order of conditions be revoked immediately.

58. This concludes the case.