

PUBLIC RECORD

Dates: 27/08/2024 - 28/08/2024

Medical Practitioner's name: Dr Sajjad SHEIKH

GMC reference number: 7818311

Primary medical qualification: MUDr 2020 Univerzity Palackeho v Olomouci
Lekarska Fakulta

Type of case	Outcome on impairment
Review - Misconduct	Impaired

Summary of outcome

Conditions, 12 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Mrs Linda Lee
Lay Tribunal Member:	Ms Marianne O'Kane
Medical Tribunal Member:	Dr Suzanne Joels

Tribunal Clerk:	Mr Rowan Barrett
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Attendance and Representation:

Medical Practitioner:	Present, not represented
GMC Representative:	Mr Alan Melvin-Farr

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 - 28/08/2024

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 Sheikh's fitness to practise is impaired by reason of misconduct.

Background

The February 2023 Tribunal

2. Dr Sheikh qualified as a doctor in 2020 from the Univerzity Palackeho v Olomouci Lekarska Fakulta in Czechia.

3. Between 6 – 10 February 2023 and 25 – 26 February 2023 ('the February 2023 Tribunal'), Dr Sheikh's case was considered by a Medical Practitioners Tribunal (the February 2023 Tribunal).

4. In summary, the February 2023 Tribunal considered an allegation that, between 16 October 2020 and 30 November 2020, Dr Sheikh engaged in an improper emotional relationship with Patient A who was vulnerable due to her mental health difficulties. At the time of events Dr Sheikh had been practising as a Junior Clinical Fellow at Chelsea and Westminster Hospital NHS Foundation Trust ('the Hospital') in the Accident and Emergency ('A&E') Department and was six weeks into his first post as a doctor since qualifying.

5. Dr Sheikh made full admissions to the Allegation which were accordingly found proved. The Allegation was that:

1. At all material times:

a. Patient A was vulnerable due to their mental health; **Admitted and Found Proved**

b. you knew that Patient A was vulnerable due to their mental health.
Admitted and Found Proved

2. On or around 15 and 16 October 2020 you were involved in the care and treatment of Patient A at West Middlesex Hospital ('the Hospital') within the Emergency Department in your capacity as a Junior Clinical Fellow in Emergency Medicine.
Admitted and Found Proved

3. At approximately 04:03 on 16 October 2020, whilst you were involved in the treatment and care of Patient A, you behaved unprofessionally and inappropriately towards Patient A in that you:

a. entered your personal contact details into Patient A's mobile phone;
Admitted and Found Proved

b. sent the WhatsApp message set out in Schedule 1 to your own personal mobile phone from Patient A's mobile phone. **Admitted and Found Proved**

4. Between 16 October 2020 and 30 November 2020, you engaged in an improper emotional relationship with Patient A in that you sent the WhatsApp messages to Patient A, as set out in Schedule 2. **Admitted and Found Proved**

5. On one or more of the dates listed in Schedule 3, you engaged in an improper emotional relationship with Patient A in that you visited her at her private residence.
Admitted and Found Proved

6. On one or more of the dates listed in Schedule 3, at Patient A's home address, you:

a. carried out talking therapy on Patient A; **Admitted and Found Proved**

b. carried out wet cupping therapy on Patient A. **Admitted and Found Proved**

7. Your actions at paragraphs 6 were inappropriate:

a. to address Patient A's condition(s); **Admitted and Found Proved**

b. in that you were no longer responsible or involved in the care and treatment of Patient A; **Admitted and Found Proved**

c. in that you were not sufficiently qualified/experienced to provide:

i. the treatments to Patient A as described at paragraphs 6 a and b;
Admitted and Found Proved

ii. the ongoing treatment necessary to address Patient A's
condition(s). **Admitted and Found Proved**

8. When carrying out the actions as set out in paragraph 6 above you failed to have any or any adequate professional indemnity cover in place whilst treating Patient A outside of an NHS setting, namely at her private residence, and outside the scope of your employment. **Admitted and Found Proved**

6. The February 2023 Tribunal considered that Dr Sheikh's conduct in engaging in an emotional relationship with Patient A was inappropriate and constituted a breach of Good medical practice (GMP). It also considered that his visiting her home, talking to her in a way that encouraged her to dismiss Mental Health Services support, and the use of wet cupping whereby he repeatedly cut someone who had been self-harming and cutting herself, amounted to misconduct that was serious.

7. The February 2023 Tribunal considered that Dr Sheikh's remediation and reflections were not focused on the effect that his misconduct had on Patient A but had been focused on himself. It concluded that Dr Sheikh's insight was not developed and that there was a real risk of a repetition of similar conduct where Dr Sheikh would prioritise his own interests over that of a patient.

8. The February 2023 Tribunal determined that Dr Sheikh's misconduct placed Patient A at unwarranted risk of harm, breached a fundamental tenet of the profession and brought the profession into disrepute. It determined that Dr Sheikh's fitness to practise was impaired by reason of his misconduct. It considered that the finding of impairment was necessary 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 the profession.

9. The February 2023 Tribunal considered that there were no exceptional circumstances to justify taking no action and that there were no conditions suitable to address all the risks identified. It determined that a period of 6 months suspension was the appropriate and proportionate sanction. In its reasoning it explained that: *'despite more than two years having elapsed since events involving Patient A, Dr Sheikh's insight is in its infancy. However, it became apparent during the course of this hearing that Dr Sheikh has now recognised the importance of maintaining professional boundaries.'* Accordingly, it determined that a suspension of six months would give Dr Sheikh the opportunity to, *'undertake the necessary learning and reflection required to reduce the risk of repetition, and provide evidence as to how he has remediated his misconduct and developed insight into his actions...'*

The September 2023 Tribunal

10. Dr Sheikh's case was reviewed by an MPT in September 2023, ('the September 2023 Tribunal').

11. The September 2023 Tribunal considered that Dr Sheikh had made limited progress toward remediation and, although he had developed some insight into his misconduct, this was not yet complete. The September 2023 Tribunal noted that, although Dr Sheikh had participated in a large volume of CPD courses, only a small proportion of them were directly relevant to the issues of concern in his case. The September 2023 Tribunal found Dr Sheikh's evidence at the hearing did not demonstrate a full understanding of the impact of his misconduct on Patient A or of the wider impact on public confidence in the profession. The September 2023 Tribunal was also concerned that Dr Sheikh had not been able to articulate what he would do differently if presented with a similar situation in future.

12. The September 2023 Tribunal determined that a further period of suspension would be punitive and disproportionate, and that the overarching objective would be met with the imposition of conditions for a period of 24 months.

13. The September 2023 Tribunal directed a review of Dr Sheikh's case. It set out the following that it considered a reviewing Tribunal would be assisted by:

- Evidence that Dr Sheikh has kept his knowledge and skills up to date;

- A reflective statement from Dr Sheikh demonstrating his insight;
- Evidence of Continuing Professional Development relevant to the case, what he has learnt from it, and how he has implemented this in his working practice;
- Any other information that he considers will assist any reviewing Tribunal

Today's review hearing

14. The GMC requested an early review of Dr Sheikh's case, following information received that Dr Sheikh had been practising in Aesthetic medicine. Dr Sheikh also wished the conditions to be reviewed on the basis that he had been having difficulty obtaining employment.

The Evidence

15. The Tribunal has taken into account all the evidence received, both oral and documentary.

16. The Tribunal received documentary evidence which included, but was not limited to, a written reflective statement from Dr Sheikh and evidence of his recent CPD.

17. In addition, Dr Sheikh gave evidence under oath to the Tribunal. He told the Tribunal that he was fully aware of the deficiencies in his practice which led to the misconduct. Dr Sheikh referred the Tribunal to his detailed reflective statement, which he submitted showed that his insight had developed since the last review hearing. Dr Sheikh told the Tribunal that the CPD he had undertaken was relevant to the concerns in this case, including courses on Developing Self Awareness, Safeguarding, Professional Boundaries and Probity and Ethics.

18. Dr Sheikh further submitted that he had reflected on his previous practice and misconduct and developed his insight, which had given him an understanding of his actions, and which would inform his behaviour in future.

19. Dr Sheikh submitted that he would now be able to challenge any practice which compromises patient safety or public confidence in the medical profession.

20. Dr Sheikh submitted that he had been a very enthusiastic young doctor and had the mindset that *'if he could help anybody, he would.'* Dr Sheikh submitted that his motivation had been to help Patient A, who was the first patient he had seen with mental health issues

as an inexperienced doctor, and that he had only realised over time that his actions had been harming rather than helping the patient.

21. Dr Sheikh submitted that, since the original incident occurred, he had worked in many clinical roles, including as a GP trainee. He said that he had worked in general practice for six months, which included conducting consultations on his own and dealing with patients with a spectrum of mental health disorders. Dr Sheikh stated that there had been no concerns or complaints in any of his roles following his treatment of Patient A. He also told the Tribunal that his goal for the future was to complete his GP training.

22. Dr Sheikh said that although he had undertaken the training and obtained premises (together with XXX a registered nurse), he no longer intended to practise in aesthetics.

Submissions

23. On behalf of the GMC, Mr Melvin-Farr submitted that Dr Sheikh's current conditions are ineffective and lack specificity, particularly because Dr Sheikh has now moved from Emergency Medicine to Aesthetics. He submitted that the GMC's position is that Dr Sheikh's fitness to practise remains impaired. He went on to submit that the conditions should be revised at the sanction stage of the hearing. In response to questions from the Tribunal, he indicated that the GMC's position is that Dr Sheikh remains impaired by reason of misconduct.

24. Dr Sheikh's submissions were as set out in his oral evidence.

The Relevant Legal Principles

25. The Tribunal reminded itself that the decision on impairment is a matter for the Tribunal's judgement alone. As noted above, the September 2023 Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal was aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practice.

26. This Tribunal must determine whether Dr Sheikh's fitness to practise is impaired today, taking into account Dr Sheikh'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.

27. Throughout its deliberations, the Tribunal had been mindful of its responsibility to uphold the overarching objective as set out in the Medical Act 1983 (as amended). That objective is the protection of the public and involves the pursuit of the following:

- a. to protect, promote and maintain the health, safety and wellbeing of the public
- b. to maintain public confidence in the profession
- c. to promote and maintain proper professional standards and conduct for members of the profession

28. The Tribunal noted the advice in *Dhoorah v Nursing & Midwifery Council* [2020] EWHC 3356 (Admin) relevant to the current process as follows:

“The task for the SOR panel was to assess the question of current impairment: it was required to form its own independent professional judgement as to the appellant's fitness to practise as at the date of the SOR, taking account of the decision reached by the substantive panel and the concerns it had identified, together with the information before it. It was not for the SOR panel to seek to impose a more draconian sanction because it felt the original decision was too lenient. It was, however, entitled to place a persuasive burden on the appellant to demonstrate that he had insight into his failings and the seriousness of his past misconduct.”

The Tribunal’s Determination on Impairment

29. The Tribunal first considered whether Dr Sheikh has demonstrated that he has insight into his misconduct. The Tribunal had regard to Dr Sheikh’s written reflective statement, prepared for this hearing.

30. The Tribunal noted that in his oral evidence, Dr Sheikh expanded on the reflection he had engaged in since the last review hearing. The Tribunal considered that Dr Sheikh demonstrated that he had engaged in further reflection since the last review of his case, which took place almost 12 months ago.

31. The Tribunal was reassured by Dr Sheikh’s having undertaken CPD courses which were more relevant to the areas of concern in this case and considered that his understanding of professional boundaries was significantly more developed. The Tribunal noted the explanation provided by Dr Sheikh as to his motivations for engaging in the

behaviour which led to the finding of impairment. Dr Sheikh told the Tribunal that, at the time, he was an enthusiastic and inexperienced doctor who wished to help this patient, Patient A being the first patient he had seen who was presenting with mental health issues, and that he came to realise over time that his actions were inappropriate and were not helping Patient A.

32. The Tribunal had regard to Dr Sheikh's evidence as to the impact of the misconduct on Patient A. In response to a question from the Tribunal about this, Dr Sheikh said that he had breached trust and put Patient A at risk by interfering in her care and treatment and acting outside of his competency. He acknowledged that in making unprofessional remarks about other healthcare professionals to Patient A, he could have had a 'catastrophic' impact on her health by isolating her and resulting in a loss of trust in other healthcare professionals. He agreed with the previous Tribunals that his use of wet cupping therapy was particularly inappropriate given Patient A's self-harming behaviour and stated that he had harmed Patient A by offering this form of treatment. Dr Sheikh said that his actions had the potential to cause Patient A's mental health to deteriorate even further, particularly his '*sudden withdrawal*' from Patient A.

33. The Tribunal considered that Dr Sheikh's oral evidence appeared to demonstrate that he understood the potential impact of his actions on Patient A and that empathy for the patient had informed his reflections. The Tribunal considered Dr Sheikh had developed a good degree of insight into his misconduct and why his actions were wrong.

34. The Tribunal turned next to remediation. The Tribunal noted evidence of Dr Sheikh's attendance on several courses, many of which were relevant to the specific misconduct in this case, and his comments within his written statement and in his oral evidence about the learning he had taken from these.

35. The Tribunal noted, however, that there was no independent evidence provided to support Dr Sheikh's ability to practise safely. The Tribunal noted that Dr Sheikh had produced no documents of reference from former colleagues or senior clinicians who had worked with him either at this hearing, or at previous hearings. Dr Sheikh had only provided personal character references at a previous hearing.

36. The Tribunal noted Dr Sheikh's assertion that he had, (following this incident but prior to the initial MPT hearing), seen several patients with mental health issues and visited

patients in their homes, without any concerns being raised. The Tribunal noted there was no documentary evidence to support this.

37. The Tribunal noted that Dr Sheikh had experienced difficulty in obtaining employment and that this may have made it impossible for him to secure current professional references. It noted that, in his oral evidence, Dr Sheikh indicated that he had been supported by his Deanery and the Tribunal would have been assisted by documentary evidence from the Deanery and from colleagues who had previously worked with him.

38. In considering the likely risk of repetition, the Tribunal took into account that the misconduct occurred four years ago, at an early stage of Dr Sheikh's career and that he had reflected on this incident in the time that has elapsed since then. The Tribunal considered that the risk of repetition was much lowered compared with the original hearing and the September 2023 review, as a result of the reflective work undertaken by Dr Sheikh and the development of his insight. The Tribunal could not be assured, due to the lack of independent evidence of remediation provided by Dr Sheikh, that the risk of repetition was low. The Tribunal further noted that it did not have sufficient evidence from Dr Sheikh as to the strategies he had developed as a result of his increased insight and the training he had undertaken. Further, Dr Sheikh could not demonstrate how any such strategies could be implemented and tested in his working practice.

39. The Tribunal considered the overarching objective. The Tribunal considered that, notwithstanding the progress in Dr Sheikh's insight and the steps taken toward remediation, a finding of impairment remains necessary 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 the profession. It determined that Dr Sheikh's fitness to practise remains impaired by reason of his misconduct.

Determination on Sanction - 28/08/2024

40. Having determined that Dr Sheikh'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 Dr Sheikh's registration.

The Evidence

41. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing where relevant to reaching a decision on what action, if any, it should take with regard to Dr Sheikh's registration.

Submissions

42. On behalf of the GMC, Mr Melvin-Farr submitted that the conditions that should be amended were conditions 5a, 8, 10 and 12. He suggested specific amendments to condition 5a. Mr Melvin-Farr submitted that it was a matter for the Tribunal whether the other conditions should be removed or amended.

43. Dr Sheikh told the Tribunal that he appreciated that the conditions were in place to maintain public safety and confidence. He said that he could assure the Tribunal that he is able to return to safe practice. Dr Sheikh submitted that the conditions should be workable as he had not been able to secure employment on the current conditions imposed, and this had meant he had not been able to demonstrate remediation. Dr Sheikh drew the Tribunal's attention to condition 8, which he submitted may hinder his efforts to get back into GP training. He also submitted that condition 12 had significantly hindered his efforts to secure short term work, which had also meant he had not been able to work with seniors to demonstrate remediation. Dr Sheikh referred to evidence he had submitted to the GMC which indicated that it would be difficult to secure locum work for a period of 3 months, but work would be available to him for a one-month period.

The Tribunal's Determination

44. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement.

45. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance (February 2024 edition) ('the SG'). It had borne in mind that the purpose of sanctions was not to be punitive, but to protect patients and the wider public interest, although sanctions may have a punitive effect.

46. The Tribunal found that there were no additional aggravating factors identified. However, it identified that the following still applies in this case.

- Dr Sheikh abused his professional position of trust to obtain Patient A's telephone number and commence an inappropriate emotional relationship.
- It took until the original hearing for Dr Sheikh to be frank about the fact that he was the instigator of the relationship.
- He cut Patient A, knowing that she had a history of self-harm by cutting herself, because he had treated her wounds, and still gave no thought to the impact on her mental health or whether this would exacerbate her conditions.
- He exited the improper relationship concerned for his own position rather than ensuring safeguards were in place for Patient A, because this would have revealed the nature and extent of their relationship.

47. The Tribunal found that all of the previous mitigating factors still applied in this case. In addition, the Tribunal found that Dr Sheikh had made progress in the development of his insight and acknowledged the impact of his actions on Patient A.

No action

48. In coming to its decision as to the appropriate sanction, the Tribunal first considered whether to conclude the case by taking no action. The Tribunal reminded itself that there should be exceptional circumstances to justify taking no action where a finding of impairment had been made.

49. The Tribunal considered that there were no exceptional circumstances to justify taking no action in this case. It determined that given the serious nature of the Tribunal's findings on impairment, it would be neither sufficient, proportionate nor in the public interest, to conclude this case by taking no action.

Conditions

50. The Tribunal considered that conditions remain appropriate for the reasons set out by the previous Tribunal. It also took into account the progress Dr Sheikh had made in the development of his insight and reflections on his misconduct. The Tribunal considered the need for these conditions to be proportionate, workable and measurable. The Tribunal had regard to the submissions made on behalf of the GMC and by Dr Sheikh as to the unworkability of the current conditions.

51. The Tribunal also had regard to the decision of the Assistant Registrar ('AR') to direct this early review of Dr Sheikh's case, dated 14 June 2024. The Tribunal noted the rationale set out by the AR as to the unworkability of Conditions 5 and 8 as follows:

'Condition 5 states that Dr Sheikh:

5 a ... must design a personal development plan (PDP), with specific aims to address the deficiencies in the following areas of his practice.

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.

It has since been established that, without an appropriate list of deficiencies for Dr Sheikh to be able to address, there are no specific goals for the PDP. This renders the condition unworkable.

Dr Sheikh also requested that condition 12 is considered by the GMC to allow him to undertake locum work for a minimum of one month, rather than the current 3 month minimum.

A Case Examiner considered the above information and was concerned that the conditions 5a and 8 are not robust enough to protect public and patient safety. Additionally, condition 8 was thought to be "potentially problematic". This condition states that Dr Sheikh 'must only work in a group practice setting where there is a minimum of two GP partners or employed GPs.

Within the same Case Examiner advice, it was suggested that there may be a need for a reviewing Tribunal to consider a revised set of conditions that addresses aesthetics work more specifically. The Case Examiner also considered that condition 10a "is

potentially problematic, as it requires Dr Sheikh to have a chaperone for ‘vulnerable’ female patients. There is no definition of vulnerable and I would suggest this will cause practical problems for Dr Sheikh and his supervisors once in a post. It will also be difficult for CRT to monitor”

52. The Tribunal noted that Dr Sheikh accepted that Condition 5(a) should be clarified and had no comments on the specific amendments suggested by the GMC. The Tribunal considered that amending Condition 5 (a) in line with the suggestions made by the GMC, but amended as set out below would better assist Dr Sheikh remedy the serious shortcomings previously identified in his practice.

53. The Tribunal considered the submissions of Dr Sheikh but concluded that in order for Dr Sheikh to have adequate support and supervision, he would need to be in a practice with more than one GP, it therefore determined to amend Condition 8 as set out below to protect the public and support Dr Sheikh to remedy the serious shortcomings in his practice.

54. The Tribunal noted Dr Sheikh’s submissions that Condition 8 prevented his return to practice and that chaperones had to be offered for personal and intimate examinations in any event. The Tribunal also noted the concerns of the Case Examiner that ‘vulnerable’ was not defined and was therefore unworkable. The Tribunal considered that it would be impossible to define vulnerable to cover all situations as vulnerability often involves a patient’s susceptibility to negative impacts from various shocks or stresses, and it can change over time based on different factors. The Tribunal considered that on the facts of this case, it was immaterial that Patient A was female. The Tribunal considered this condition unworkable and based on its determination on impairment no longer proportionate.

55. The Tribunal considered Dr Sheikh’s evidence in relation to Condition 11 and its own findings on impairment. It considered that given the safeguards as set out in Condition 9, the condition as drafted was unworkable in that it prevented Dr Sheikh from finding employment and disproportionate given its findings on impairment.

56. The Tribunal also considered the remaining conditions and concluded that they were necessary to address the serious shortcomings identified by previous Tribunals and in the interests of assisting the doctor to remedy those shortcomings and to protect the public. It considered the remaining conditions were proportionate, workable and measurable.

57. Therefore, it concluded that the conditions should be amended as follows:

The following conditions will be published:

- 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
- 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 12
 - 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 He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.

- 4
 - 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.
- 5
 - a He must design a personal development plan (PDP), with specific aims to address the deficiencies in the following areas of his practice:
 - i Maintaining professional performance
 - ii Maintaining appropriate relationships with patients
 - iii Understanding of the issues affecting patients with mental health difficulties and vulnerabilities
 - iv Understanding of the principles of good medical practice
 - v Understanding therapeutic interventions in line with NICE guidance and/or local protocols
 - vi His PDP must be approved by his responsible officer or their nominated deputy.
 - 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.
- 6
- 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.
- 7 He must get the approval of the GMC before working in a non-NHS post or setting.
- 8 He must not work in a General Practice setting where there is only a sole practitioner, excluding himself.
- 9
- a He must be closely supervised in all of his posts by a clinical supervisor, as defined in the *Glossary for undertakings and conditions*. His clinical supervisor must be approved 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 clinical supervisor and approved his supervision arrangements
 - ii he has personally ensured that the GMC has been notified of the name and contact details of his clinical supervisor and his supervision arrangements.
- 10
- a He must get the approval of his responsible officer (or their nominated deputy), before working as:
 - i a locum / in a fixed term contract
 - ii out-of-hours

- iii on-call.
- 11 He must not work in any locum post or fixed term contract of less than one month.
- 12 He must personally ensure the following persons are notified of the conditions listed at 1 to 11:
 - 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 the approval lead of his regional Section 12 approval tribunal (if applicable) - or Scottish equivalent
 - d 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).

Duration of conditions

58. The Tribunal determined that a period of 12 months would be appropriate, given the imposition of conditions for a period of 24 months at the previous review hearing and the

time that has elapsed since then. The Tribunal also considered that a period of 12 months conditional registration would allow sufficient time for Dr Sheikh to obtain evidence of his remediation and independent evidence to support that he is able to practise safely.

Review

59. The Tribunal determined to direct a review of Dr Sheikh's case. A review hearing will convene shortly before the end of the period of conditional registration, unless an early review is sought. The Tribunal wished to clarify that at the review hearing, the onus will be on Dr Sheikh to demonstrate his compliance with the conditions imposed. The reviewing Tribunal would also be assisted by:

- Evidence that Dr Sheikh has kept his knowledge and skills up to date
- An updated reflective statement that is dated from Dr Sheikh demonstrating his continuing and developing insight
- Evidence of Continuing Professional Development relevant to the case, what he has learnt from it, and how he has implemented this in his working practice
- Any testimonials and evidence from colleagues past and present and any patient feedback
- Any other information that he considers will assist any reviewing Tribunal.

60. The Tribunal has decided to impose conditions on Dr Sheikh's registration for a period of 12 months. The MPTS will send Dr Sheikh a letter informing Dr Sheikh of his right of appeal and when the direction and the new sanction will come into effect. The current order of conditions will remain in place until the expiry of the appeal period.

61. That concludes the case.