

## PUBLIC RECORD

Dates: 15/09/2023 and 28/09/2023

Medical Practitioner's name:	Dr Sajjad SHEIKH
GMC reference number:	7818311
Primary medical qualification:	MUDr 2020 Univerzity Palackeho v Olomouci Lekarska Fakulta
<b>Type of case</b>	<b>Outcome on impairment</b>
Review - Misconduct	Impaired

**Summary of outcome**

Conditions, 24 months.  
Review hearing directed

**Tribunal:**

Legally Qualified Chair	Mr Richard Wood
Lay Tribunal Member:	Mr Darren Shenton
Medical Tribunal Member:	Dr Joanne Topping
Tribunal Clerk:	Mr John Poole (15/09/2023) Mr Josh Dayco (28/09/2023)

**Attendance and Representation:**

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Patrick Cassidy, Counsel, instructed by BMA Law (15/09/2023) Mr Matthew Todd, Counsel (28/09/2023)
GMC Representative:	Mr Lewis Kennedy, Counsel (15/09/2023) Mr Martin Mensah, Counsel (28/09/2023)

**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 - 28/09/2023

### Background

#### The February 2023 Tribunal

1. Dr Sheikh qualified as a doctor in 2020 from the Univerzity Palackeho v Olomouci Lekarska Fakulta in Czechia.
2. 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).
3. In summary, the February 2023 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.
4. 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**

5. 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.
6. 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 repeat of similar conduct where Dr Sheikh could prioritise his own interests over that of a patient.
7. 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.
8. 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...'*

9. The February 2023 Tribunal directed a review of Dr Sheikh’s case, and he was advised that at the review hearing the onus would be on him to demonstrate how he has remediated and developed insight. He was advised that the reviewing Tribunal might 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 any Continuing Professional Development and what he has learnt from them where relevant to this case;
  - Details of any courses or study Dr Sheikh had undertaken to further his understanding of his misconduct and the Tribunal’s findings;
  - Any other information that he considers will assist any reviewing Tribunal.

#### Today’s Review hearing

10. At this review hearing the Tribunal 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.

#### **The Evidence**

11. The Tribunal has taken into account all the evidence received, both documentary and oral.
12. Dr Sheikh provided two bundles of documentation in support of his efforts to reflect and remediate which were received on 11 June and 30 August 2023.
13. This included an undated statement and an updated statement dated 29 August 2023, details of various webinars and courses undertaken by Dr Sheikh, evidence of an application for GP specialty training, and supportive statements from Mr B, a dentist, dated 27 August 2023, and Dr C, an NHS doctor, dated 29 August 2023.
14. The Tribunal also received further documentation in relation to remediation which Dr Sheikh had undertaken between the hearing going part-heard on 10 February 2023 and it reconvening on 25 February 2023.
15. In addition, Dr Sheikh gave evidence to the Tribunal. He stated that he had reflected on his misconduct, learned a lot and fully remediated. He said that at the time of his misconduct he did not appreciate the effect of his actions. He also accepted that at the previous hearing his insight and remediation were not complete. He admitted that he was ‘nowhere near remediation’ at the time. He also stated that at the previous hearing he had not fully appreciated the detrimental effects of his actions on Patient A, which he does now, this included the invasive wet cupping procedure which involved cutting Patient A, as well as the ‘*potentially catastrophic*’ effect of his sudden withdrawal from Patient A. He told the Tribunal about the various courses he had undertaken and how he

has learned the importance of professional boundaries. Dr Sheikh expressed the view that patient safety should have been the utmost priority.

## Summary of Submissions

### GMC submissions

16. On behalf of the GMC, Mr Kennedy submitted that the bundle of evidence presented by Dr Sheikh is comprehensive and could be considered to have provided sufficient evidence to meet the requirements requested of him by the previous tribunal. He noted that Dr Sheikh has shown evidence that he has completed a wide range of continuing professional development, including some 150 hours of reading and many online courses.
17. Mr Kennedy submitted that Dr Sheikh appears to have shown insight and striven to remediate his misconduct appropriately. As such, he submitted that the GMC was neutral in relation to whether Dr Sheikh's fitness to practise remains impaired.

### Submissions on behalf of Dr Sheikh

18. On behalf of Dr Sheikh, Mr Cassidy submitted that there can be no doubt that the position in terms of Dr Sheikh's level of insight has vastly improved since the February 2023 hearing.
19. Mr Cassidy submitted that Dr Sheikh has learned lessons throughout these proceedings and has been through the regulatory 'mill' for two and a half years now. He submitted that Dr Sheikh has realised his deficiencies and undertaken appropriate learning and courses, such that he will not repeat his misconduct. He also noted that Dr Sheikh's behaviours and misconduct have not been repeated and that colleagues have nothing but positive things to say about him.
20. Mr Cassidy submitted that Dr Sheikh's misconduct occurred when he was young doctor. He noted that Dr Sheikh had described in oral evidence having a 'doctor complex' which he submitted could be construed as code for over confidence or arrogance. He submitted that Dr Sheikh's misconduct arose not for malevolent reasons but from misplaced human reasons.
21. Mr Cassidy submitted that Dr Sheikh has thought deeply about what he did and why. He submitted that Dr Sheikh is now in a position where he can safely be returned into medical practice and that this would also be in the public interest.

## The Relevant Legal Principles

22. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters

that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practise.

23. 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.

### The Tribunal's Determination on Impairment

24. 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."*

25. Pursuant to the guidance in *Dhoorah*, the Tribunal was careful not to go behind the decision of the previous tribunal. It noted that it would be inappropriate to do so, regardless of its own view as to the merits of the case. Notwithstanding this, the Tribunal noted that it was required to make a decision as to current fitness to practice based in part on the evidence that it had heard and read, and the submissions from the parties.
26. Having considered the seriousness of the conduct and concerns highlighted by the previous tribunal, it was the Tribunal's judgment that remediating the misconduct found was challenging. The Tribunal considered that although Dr Sheikh had made some progress in terms of his insight and remediation, such progress was limited.
27. Although, Dr Sheikh had participated in a large volume of continuing professional development courses, only a small proportion of them were directly related to the issues of concern in this case. Most related to his clinical skills about which there were no issues raised. Specifically, Dr Sheikh had engaged in two directly relevant courses. The first was entitled 'Professional Boundaries - Level 2' attended on 5th March, with a duration of two hours. The aims were to assist all health and social care workers to uphold key boundaries to protect themselves and their patients/clients, as well as the organisation they work for. Further to educate that these boundaries are meant to ensure that relationships remain professional, even when working on very personal and difficult issues.

28. The second relevant course was entitled ‘Probity and Ethics’ and was attended on 2 April 2023. It lasted for five hours. There were no material provided as to the content or aims of this course, although Dr Sheikh did touch upon the in his evidence. In total, these courses lasted for seven hours. They were clearly pertinent to the serious factors present in this case, and demonstrate some remediation. However, there was no satisfactory answer provided as to why he had not attended these courses prior to March 2023. In fact, in answer to that query, Dr Sheikh stated that he had chosen to focus on his clinical education and proving himself in a clinical environment.
29. Dr Sheikh submitted that his insight and remediation had developed significantly since the last Tribunal. Dr Sheikh recognised that he had very limited insight and had not demonstrated remediation and that he was ‘nowhere near remediation’. He was asked about this by the Tribunal. He agreed that none of the allegations found against him were in respect of subtle or nuanced aspects of clinical practice. He further accepted that he had received training on all of the relevant issues prior to commencing in his first clinical post, some six weeks before the relevant matters commenced. He was asked why, if his initial training had failed to educate him about professional boundaries and ethics, should the more recent courses have any greater impact. He struggled to provide a satisfactory answer. Dr Sheikh chose to repeat that these shortcomings were due to ‘*overconfidence*’ and a ‘*doctor complex*’.
30. The Tribunal noted that Dr Sheikh still found it difficult to articulate the reasons for engaging in the misconduct found. It was suggested to the Tribunal that this was the result of an excess of empathy for the patient. The Tribunal found this to be a wholly unsatisfactory explanation, which it did not accept.
31. Dr Sheikh had a tendency to repeat certain phrases during his evidence. However, when the Tribunal sought explanation of the language used, Dr Sheikh had very little else to offer. For example, he often stated that his conduct was the result of ‘*over-confidence*’ and a ‘*doctor complex*’. He was asked about this by both the Tribunal and Mr Cassidy. However, he found it difficult to explain to the Tribunal what either phrase meant in the context of this case or how this learning would translate into his future conduct. The Tribunal considered that it all seemed rather superficial.
32. The Tribunal noted that Dr Sheikh was unable to articulate what he would do if presented with a similar situation, despite the attendance at number of training courses, he considered appropriate in this regard. This left the Tribunal concerned that he could not demonstrate how he would apply learning to his practice going forward.
33. The two references provided were not from clinicians with whom he had recently practised. They were of a more personal nature and did not speak to his current working practices or strategies going forward.



34. In evidence, Dr Sheikh told the Tribunal that prior to February 2023 hearing, he had continued to work in a hospital and GP setting, which at times allowed him to visit female patients at home, amongst other settings, whilst alone. The Tribunal was concerned that despite his ability to see patients prior to the original hearing, he did not provide evidence to this Tribunal as to how he had developed and implemented strategies that would prevent a reoccurrence of the incident that led to the original allegations.
35. As such, the Tribunal considered that his insight or remediation was not developed to the extent that it could be assured that there was no risk of repetition of similar misconduct in the future. Indeed, it was satisfied that there remained a risk to patients if Dr Sheikh were permitted to practise in medicine without restriction.
36. The Tribunal considered that a 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. It determined that Dr Sheikh's fitness to practise remains impaired by reason of his misconduct.

#### **Determination on Sanction - 28/09/2023**

37. 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**

38. The Tribunal has taken into account the background to the case and the evidence received during the earlier stages 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**

39. On behalf of the GMC, Mr Mensah, Counsel, submitted that the GMC's position is neutral and that the decision as to the appropriate sanction to be imposed is a matter for the Tribunal. He referred the Tribunal to its determination on impairment and reiterated the range of concerns highlighted by the Tribunal.
40. On behalf of Dr Sheikh, Mr Todd, Counsel, submitted that Dr Sheikh will accept any sanction imposed by the Tribunal. However, he said that work has been done in this case to remediate Dr Sheikh's shortcomings and that he had acknowledge his wrong doings. Mr Todd said that Dr Sheikh had been upfront throughout the process and has recognised that he is on a path which requires a significant amount of work on his part. He also said that Dr Sheikh had undertaken the training required to become a General

Practitioner and had passed the examinations. Dr Sheikh is currently awaiting a placement which might begin in February 2024.

41. Mr Todd submitted that any period of restriction would be acceptable to Dr Sheikh, who recognised that he is still on his journey of insight and remediation. However, if a period of further suspension were proposed, he asked that it be three months as a more prolonged sanction would jeopardise Dr Sheikh's opportunity of securing a placement in February 2024. He said that Dr Sheikh is willing to do the work and simply needs more time to get to a place where the Tribunal can find that he is no longer a risk to patients.

### The Tribunal's Determination

42. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement.
43. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance (November 2020 edition) ('the SG'). It has borne in mind that the purpose of sanctions is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.
44. The Tribunal found that there are 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.
45. The Tribunal found that all of the previous mitigating factors still applied in this case. In addition, the Tribunal found that Dr Sheikh had acknowledged the potential risks to Patient A, had offered an apology, and that his insight was improving although not fully developed. During the period of suspension, Dr Sheikh has continued his journey of insight and remediation and is committed to continue this development going forward.

### No action

46. 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 has been made.

47. 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

48. The Tribunal next considered paragraphs 81 and 82 of the SG and whether it would be sufficient to impose conditions on Dr Sheikh's registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.
49. The Tribunal noted that Dr Sheikh's willing to remediate and had improved his insight albeit not fully developed. In addition, it noted that Dr Sheikh had previously worked under conditions and that there is no evidence to suggest that he had breached those conditions or had any difficulties complying with those conditions.
50. The Tribunal was of the view that the development of preventative strategies will only be addressed by Dr Sheikh working in a clinical setting and that any additional learning will be accelerated if he is under supervision.
51. The Tribunal determined that further period of suspension would be punitive and disproportionate and that the overarching objective would be met with the imposition of a conditions of practice order on Dr Sheikh's registration.
52. The Tribunal also balanced the public interest in the return to practise of a doctor who was otherwise competent in his profession. It determined that a further period of suspension would be disproportionate in all of the circumstances of this case.
53. Therefore, it concluded that the following conditions set out below are to be imposed on Dr Sheikh's registration.

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 13
  - 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.

- 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 only work in a group practice setting where there is a minimum of two GP partners or employed GPs (excluding himself). The GPs must be partners or permanently employed GPs who are on the GP register (this excludes locum staff).
- 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 Except in life-threatening emergencies, he must not carry out consultations with vulnerable female patients without a chaperone present.
  - b He must keep a log detailing every case where he has carried out a consultation with such a patient, which must be signed by the chaperone.
  - c He must keep a log detailing every case where he has carried out a consultation with such a patient in a life-threatening emergency, without a chaperone present.
  - d He must give the GMC a copy of these logs on request.
- 11
- a He must get the approval of his responsible officer (or their nominated deputy) and the GMC Adviser, before working as:
    - i a locum / in a fixed term contract
    - ii out-of-hours
    - iii on-call.
- 12 He must not work in any locum post or fixed term contract of less than three months.
- 13 He must personally ensure the following persons are notified of the conditions listed at 1 to 13:
- 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

54. The Tribunal determined that a period of 24 months duration was appropriate as the misconduct in this case would not be easily remediated. It required an extended demonstration of an understanding and change in Dr Sheikh's working practice to satisfy a future reviewing Tribunal that a risk of repetition was not likely. It considered that this would allow Dr Sheikh an opportunity to develop further insight and allow time for preventative strategies to be embedded into his clinical practice.

#### Review

55. 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;
- 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.

56. The Tribunal has decided to impose conditions on Dr Sheikh's registration for a period of 24 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 suspension will remain in place during the appeal period.

57. That concludes the case.

Annex A – 15/09/2023

Application to extend the current sanction

58. Due to the lateness of the hour and there being insufficient time for the Tribunal to conclude Dr Sheikh's case, the Tribunal determined that it was necessary to adjourn the hearing.
59. The Tribunal noted that the current suspension on Dr Sheikh's registration is due to expire on 30 September 2023. The Tribunal identified 28 September 2023 as a potential date to reconvene. However, in the event that the hearing may not be able to reconvene on this date, the Tribunal invited submissions from parties as to whether it is necessary to extend the current order of suspension in accordance with section 35D (5) of the Medical Act 1983.
60. Mr Kennedy, on behalf of the GMC, submitted that the question of whether to extend the order was a matter for the Tribunal's judgement.
61. Mr Cassidy, on behalf of Dr Sheikh, submitted that the Tribunal should await confirmation from MPTS Case Management in regard to whether it can accommodate 28 September 2023. He submitted that extending the order at this time could be akin to imposing an additional sanction on Dr Sheikh who may not be impaired.
62. The Tribunal had regard to the submissions on the parties. After careful consideration it determined that it was in the necessary for public protection, otherwise in the public interest and proportionate in this case for the order of suspension to be extended for a period of three months.