

PUBLIC RECORD

Dates: 24/04/2024 - 25/04/2024

Medical Practitioner's name: Dr Salman QURESHI

GMC reference number: 6092930

Primary medical qualification: MB BS 2003 Bahauddin Zakariya University

Type of case	Outcome on facts	Outcome on impairment
New - Conviction	Facts relevant to impairment found proved	Impaired

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Ian Comfort
Medical Tribunal Member:	Dr Gillian Livesey
Medical Tribunal Member:	Dr Alan Smith

Tribunal Clerk:	Mr Joel Taylor-Garratt
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Attendance and Representation:

Medical Practitioner:	Not present, not represented
GMC Representative:	Ms Shirlie Duckworth, Counsel

Attendance of Press / Public

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

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts - 24/04/2024

Background

1. Dr Qureshi qualified in 2003 from Bahauddin Zakariya University. At the time of the events Dr Qureshi was practising as a doctor at Wycombe Hospital, Buckinghamshire Hospitals NHS Trust ('the Trust') and at Stoke Mandeville Hospital.
2. The allegation that has led to Dr Qureshi's hearing can be summarised that on 31 October 2023, at Aylesbury Crown Court, Dr Qureshi was convicted of one count of sexual assault on a female in relation to Patient A and two counts of assault of a female aged 13 and over by penetration, one in relation to Patient A and the other in relation to Patient B. Dr Qureshi pleaded not guilty to all charges.
3. It is alleged that on 29 November 2023, Dr Qureshi was sentenced to three years imprisonment and 14 years imprisonment respectively. It is also alleged that Dr Qureshi was sentenced to be included on the Sex Offender Register indefinitely.
4. The incident with Patient B was alleged to have occurred on 18 September 2005 while Patient B was an inpatient at the Trust. The second incident with Patient A occurred on 20 August 2017 during a clinical examination at Stoke Mandeville Hospital.
5. The Trust carried out an investigation and excluded Dr Qureshi from having patient contact. The police investigation was conducted by Thames Valley Police. The GMC was notified on 2 July 2018 by a GMC Employer Liaison Adviser for the South of England.

The Outcome of Applications Made during the Facts Stage

6. The Tribunal granted the GMC's application, made pursuant to Rules 15, 31 and 40 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'),

that service had properly been effected and that the hearing should proceed in Dr Qureshi's absence. The Tribunal's full decision can be found at Annex A.

The Allegation and the Doctor's Response

7. The Allegation made against Dr Qureshi is as follows:

That being registered under the Medical Act 1983 (as amended):

1. On 31 October 2023, at Aylesbury Crown Court, you were convicted of:
 - a. sexual assault on a female; **To be determined**
 - b. assault of a female aged 13 and over by penetration with part of body / a thing; **To be determined**
 - c. assault of a female aged 13 and over by penetration with part of body / a thing. **To be determined**
 2. On 29 November 2023, for the offence described at paragraph:
 - a. 1a, you were sentenced to 3 years' imprisonment; **To be determined**
 - b. 1b, you were sentenced to: **To be determined**
 - i. 14 years' imprisonment; **To be determined**
 - ii. subject to the Sex Offender Register indefinitely, pursuant to s.92 of the Sexual Offences Act 2003; **To be determined**
 - c. 1c, you were sentenced to 14 years' imprisonment; **To be determined**
- all sentences to run concurrently.

And that by reason of the matters set out above your fitness to practise is impaired because of your conviction. **To be determined**

Witness Evidence

8. The Tribunal received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Ms C, GMC Legal Adviser.

9. Dr Qureshi did not provide a witness statement.

Documentary Evidence

10. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:

- Certificate of Conviction dated 29 November 2023;
- Correspondence between Thames Valley Police and the GMC dated 2018 to 2023;
- Email from the Trust to GMC enclosing the two complaints;
- Police log extracts which related to Patient A and Patient B;
- MG4 Charge Sheet, MG5 Case Summary and Indictment Sheet, dated 14 August 2019;
- Transcript of Patient A and Patient B's 'Achieving best evidence' interviews dated 23 July 2018 and 2 May 2018;
- Police witness statements of Patient B dated 29 October 2019 and 11 May 2021;
- Police witness statements of Patient A dated 27 October 2019 and 18 June 2018;
- Patient B's victim impact statement, dated 20 October 2023, Patient A's victim impact statement dated 11 November 2023; and
- Transcripts of Dr Qureshi's police interviews dated 6 June and 24 September 2018.

The Tribunal's Approach

11. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Qureshi does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred.

12. Regarding convictions, Rule 34(3) of the Rules sets out the following:

'(3) Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed.'

The Tribunal's Analysis of the Evidence and Findings

13. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.
14. The Tribunal noted the submission of Ms Duckworth, Counsel, regarding the impact of Dr Qureshi's actions on Patient A and Patient B, which it considered may speak to the seriousness of his actions.
15. The Tribunal had regard to the certificate of conviction dated 29 November 2023 and was satisfied that this was accurately reflected by the Allegation. In light of this, the Tribunal determined that the Allegation was proved in its entirety.

The Tribunal's Overall Determination on the Facts

16. The Tribunal has determined the facts as follows:

That being registered under the Medical Act 1983 (as amended):

1. On 31 October 2023, at Aylesbury Crown Court, you were convicted of:
 - a. sexual assault on a female; **Determined and found proved**
 - b. assault of a female aged 13 and over by penetration with part of body / a thing; **Determined and found proved**
 - c. assault of a female aged 13 and over by penetration with part of body / a thing. **Determined and found proved**
2. On 29 November 2023, for the offence described at paragraph:
 - a. 1a, you were sentenced to 3 years' imprisonment; **Determined and found proved**
 - b. 1b, you were sentenced to: **Determined and found proved**
 - i. 14 years' imprisonment; **Determined and found proved**

- ii. subject to the Sex Offender Register indefinitely, pursuant to s.92 of the Sexual Offences Act 2003; **Determined and found proved**
- c. 1c, you were sentenced to 14 years’ imprisonment; **Determined and found proved**

all sentences to run concurrently.

And that by reason of the matters set out above your fitness to practise is impaired because of your conviction. **To be determined**

Determination on Impairment - 24/04/2024

17. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Qureshi’s fitness to practise is impaired by reason of a conviction for a criminal offence.

The Evidence

18. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary.

Submissions

19. On behalf of the GMC, Ms Duckworth submitted that the offences for which Dr Qureshi had been convicted, that being assault and assault by penetration, were in the category of cases that were so serious as to carry a presumption of impairment. She said that the length of Dr Qureshi’s sentence, the serious impact on his victims and the fact that Patient A and Patient B were patients under his care put this case at the highest level of seriousness.

20. Ms Duckworth set out that Dr Qureshi’s assault on Patient A took place in 2017 and Patient B in 2005, meaning that different versions of Good Medical Practice (‘GMP’) were in place at the relevant times. However, Ms Duckworth submitted that these versions of GMP were consistent in that they all set out that patients need good doctors, doctors need to put the care of patients first and that doctors must uphold high standards of conduct, both professionally and personally. Ms Duckworth submitted that

Dr Qureshi's conviction breached these fundamental tenets of the profession and public confidence in the profession would be undermined if he were not found impaired.

21. Ms Duckworth submitted that the test for impairment was Dame Janet Smith's test in The Fifth Shipman Report, cited in *CHRE v NMC and P Grant [2011] EWHC 927 (Admin)*:
 - a) *Whether the registrant has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm;*
 - b) *Whether the registrant has in the past brought and/or is liable in the future to bring the profession into disrepute;*
 - c) *Whether the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.*
 - d) *Whether the registrant has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*
22. Ms Duckworth submitted that the first three limbs of this test were relevant to this case. She said that Dr Qureshi had caused actual harm to two patients in the past and, notwithstanding his currently being in custody, posed a future risk to patients because of the repeated nature of his offences and his lack of insight. She said that there had been no evidence of any insight or remediation on Dr Qureshi's part. Ms Duckworth submitted that Dr Qureshi had not engaged with the proceedings and his lengthy custodial sentence was the only factor that reduced his risk to the public.
23. Ms Duckworth submitted that any doctor committing a criminal offence could bring the profession into disrepute. She said that, when this offence was committed in the course of medical practice, against vulnerable patients, resulting in a lengthy custodial sentence and inclusion on the Sex Offenders register, this would invariably bring the profession into disrepute. Ms Duckworth submitted that Dr Qureshi's conviction breached the fundamental tenets of the profession to act lawfully and with integrity.
24. Ms Duckworth reminded the Tribunal that Dr Qureshi's conviction was recent and he was currently serving his sentence. She submitted that there was an overwhelming need for a finding of impairment in this case.

The Relevant Legal Principles

25. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.
26. The Tribunal must determine whether Dr Qureshi's fitness to practise is impaired today, taking into account Dr Qureshi'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. In addition to the test referred to by Ms Duckworth, the case of *Grant* also sets out that:

'74 In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

The Tribunal's Determination on Impairment

28. The Tribunal turned to the test set out in *Grant* and agreed with Ms Duckworth's submission that the first three limbs were relevant in this case.
29. Turning first to the first limb of the *Grant* test, the Tribunal considered that Dr Qureshi had clearly put patients at risk of harm in the past, indeed having caused two patients actual harm by assault. The Tribunal accepted that the risk of repetition was currently mitigated due to Dr Qureshi serving a custodial sentence, but considered that there was a real risk of him repeating his actions in the future.
30. The Tribunal considered that Dr Qureshi posed a future risk to patients because of the repeated nature of his actions and the lack of any evidence of his having developed any insight.
31. The Tribunal acknowledged the issue of how it can be difficult for a practitioner to show insight whilst maintaining their innocence. However, the Tribunal had seen no evidence of any insight or engagement from Dr Qureshi.
32. Turning to the second limb of the *Grant* test, the Tribunal considered that it was a fundamental tenet of the profession, in all of the relevant editions of GMP, that doctors

behave with integrity and within the law, put patients first and do not put patients at risk of harm.

33. The Tribunal considered that Dr Qureshi's actions breached these fundamental tenets and that, because of his lack of insight and remediation, he was at real risk of breaching them again in the future.
34. The Tribunal also considered that Dr Qureshi's actions, and his associated conviction and sentence, brought the profession into disrepute. The Tribunal considered that he was also at risk of doing so again in the future due to his lack of insight.
35. The Tribunal noted the very serious nature of Dr Qureshi's conviction, as well as the length of his suspension and the impact his actions had on Patient A, Patient B and public confidence in the profession. The Tribunal reminded itself that Dr Qureshi had not engaged with proceedings, had not demonstrated any insight and that his actions were towards hospital patients under his direct care.
36. The Tribunal considered that a finding of impairment was necessary to protect the public, uphold public confidence in the profession and to uphold proper professional standards. The Tribunal considered that members of the public and the profession would be shocked if a finding of no impairment were made.
37. The Tribunal has therefore determined that Dr Qureshi's fitness to practise is impaired by reason of his conviction for serious criminal offences.

Determination on Sanction - 25/04/2024

38. Having determined that Dr Qureshi's fitness to practise is impaired by reason of a conviction for a serious criminal offence, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

39. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

40. On behalf of the GMC, Ms Duckworth submitted that the issue of sanction was a matter for the Tribunal’s judgement, guided by the Sanctions Guidance (2024) (‘the SG’). Ms Duckworth reminded the Tribunal that the purpose of sanctions is to protect the public under the Statutory Overarching Objective. She submitted that, although the Tribunal must consider the least restrictive sanction first, a sanction of erasure was the only appropriate sanction in this case.
41. Ms Duckworth submitted that there were no mitigating factors in this case. She acknowledged that the lapse of time between the hearing and the index events may ordinarily show that the practitioner has reduced the risk they posed to the public, but submitted that this was not such a case. Ms Duckworth submitted that there was a significant period of time between Dr Qureshi’s assaults on Patient A and Patient B, which resulted in his further offending against Patient A. Ms Duckworth also submitted that it was not a significant period of time since Dr Qureshi’s conviction and sentencing.
42. Ms Duckworth submitted that there were a number of aggravating factors in this case. These included Dr Qureshi’s lack of insight and remediation, the future risk of repetition and his lack of apology. Ms Duckworth referred the Tribunal to Patient B’s impact statement where she stated she had never received an apology or acknowledgement from Dr Qureshi. Ms Duckworth submitted that this lack of apology informed the Tribunal about Dr Qureshi’s risk of repeating his offences.
43. Ms Duckworth referred the Tribunal to paragraph 55 of the SG, which sets out factors that may indicate a Tribunal should take more serious action. She submitted that this included the fact that Dr Qureshi had breached criminal law, had abused his professional position and the fact that Patient B was vulnerable at the time of events due to her medical condition. Ms Duckworth also reminded the Tribunal that Patient A was XXX at the time of the assault and was vulnerable by virtue of her age.
44. Ms Duckworth submitted that Dr Qureshi had used his professional position to commit his offences and reminded the Tribunal of its finding that he had both breached a fundamental tenet of the profession and was at risk of doing so again in the future.
45. Ms Duckworth referred the Tribunal to paragraphs 149 – 151 of the SG, which deal with sexual misconduct. She submitted that Dr Qureshi’s offence was particularly serious because he had abused his position of trust as a doctor. She submitted that this was reflected in the length of sentence he received. Ms Duckworth referred the Tribunal to the sentencing guidance for Dr Qureshi’s offences and submitted that the sentencing judge had imposed a sentence that reflected the top end of the seriousness of offences.

46. Ms Duckworth reminded the Tribunal that the purpose of a sanction was not to punish Dr Qureshi for a second time but submitted that erasure was the only means of protecting the public and the reputation of the profession in this case.

The Tribunal's Determination on Sanction

47. The decision as to the appropriate sanction to impose, if any, is a matter for the Tribunal exercising its own judgement. In reaching its decision, the Tribunal has taken into account the SG and the statutory overarching objective.

48. The Tribunal bore in mind that the reason for imposing sanctions is to uphold the overarching objective to protect the public. Sanctions are not imposed to punish doctors, although they may have a punitive effect.

49. The Tribunal took a proportionate approach, balancing the interests of Dr Qureshi with the public interest. It bore in mind that the reputation of the profession as a whole is more important than the interests of any individual doctor.

50. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal exercising its own judgement. It must consider the least restrictive sanction first and then, if necessary, consider the other sanctions, taking into account the evidence and submissions that have been read and heard. The Tribunal must consider its determination on impairment and take those matters into account during its deliberations on sanction.

51. The Tribunal must consider any relevant mitigating and aggravating factors and address them within the context of the determination.

Aggravating and Mitigating factors

52. The Tribunal considered that the following were aggravating factors in this case:

- Dr Qureshi had not demonstrated any insight into the seriousness of his offences or their impact, nor had he provided evidence of any remediation efforts;
- Dr Qureshi had not made an apology for his actions or accepted his mistakes;
- Because of the lack of insight and remediation, and the repeated nature of Dr Qureshi's offences, there was a real risk of him repeating his actions in the future;
- The vulnerability of both Patient A and Patient B;

- The gravity of Dr Qureshi’s offences, which involved abusing his position to commit serious sexual assaults on female patients.

53. The Tribunal acknowledged that Dr Qureshi had no previous convictions or regulatory concerns but, lacking any evidence of insight or remediation, were unable to identify any mitigating factors in this case.

54. The Tribunal then went on to consider what sanction, if any, it should impose.

No action

55. The Tribunal had regard to paragraph 68 of the SG, which states that *‘there may be exceptional circumstances to justify a tribunal taking no action.’* The Tribunal considered that there were no such exceptional circumstances in this case and that, given the seriousness of Dr Qureshi’s offences, it would be harmful to the reputation of the profession to take no action. The Tribunal therefore determined that it could not take no action.

Conditions

56. The Tribunal referred to the relevant paragraphs of the SG that deal with conditions, including:

‘81 Conditions might be most appropriate in cases:

- a involving the doctor’s health*
- b involving issues around the doctor’s performance*
- c where there is evidence of shortcomings in a specific area or areas of the doctor’s practice*
- d where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.’*

57. The Tribunal considered that none of these factors applied in this case. It also considered that the seriousness of the case meant that conditions would not be proportionate. The Tribunal was also mindful that Dr Qureshi was serving a lengthy custodial sentence and so considered that an order of conditions would serve no real purpose. As such, the

Tribunal determined that an order of conditions would not be appropriate or proportionate in this case.

Suspension

58. The Tribunal then went on to consider imposing a period of suspension. It considered paragraph 92 of the SG:

'92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).'

59. The Tribunal considered that Dr Qureshi's offences were so serious that they were fundamentally incompatible with continued registration. The Tribunal considered that, as with conditions, a period of suspension would serve little purpose while Dr Qureshi was serving his custodial sentence, nor would it be sufficient to address the seriousness of Dr Qureshi's offences.

Erasure

60. Having determined that Dr Qureshi's offences were incompatible with continued registration, the Tribunal turned to consider erasure. It referred to the following paragraph of the SG:

'109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.

b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.

c Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients...

d Abuse of position/trust...

e Violation of a patient's rights/exploiting vulnerable people ...

f Offences of a sexual nature...

61. The Tribunal considered that all these factors were relevant in this case. The Tribunal reminded itself that Dr Qureshi's conviction was for a series of serious criminal offences, perpetrated from a position of trust, which caused actual harm to two vulnerable patients. It also reminded itself that it had found that Dr Qureshi was at risk of repeating his offences.
62. In light of this, the Tribunal determined that it was necessary to erase Dr Qureshi's name from the register in order to protect patients, uphold public confidence in the profession and to promote proper professional standards.

Determination on Immediate Order - 25/04/2024

63. Having determined that Dr Qureshi's name should be erased from the register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Qureshi's registration should be subject to an immediate order.

Submissions

64. On behalf of the GMC, Ms Duckworth submitted that an immediate order of suspension was necessary in this case. She acknowledged that there was no immediate risk to the public due to Dr Qureshi currently serving a custodial sentence, but submitted that it was necessary to impose an order to maintain public confidence in the profession.
65. She submitted that the seriousness of the matter that led to the sanction of erasure means that it is in the public's interest that Dr Qureshi's practice is not unrestricted.

The Tribunal's Determination

66. In reaching its decision, the Tribunal has exercised its own judgement, taking into account all the circumstances. The Tribunal has borne in mind the guidance given in paragraphs 172 - 178 of the SG, in particular:

'172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.

173 An immediate order might be particularly appropriate... where immediate action must be taken to protect public confidence in the medical profession.

...

178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'

67. The Tribunal was mindful of the circumstances of the case, namely that Dr Qureshi is currently serving a lengthy custodial sentence. It considered that there was no immediate risk to patients and so an immediate order was not necessary on those grounds.

68. The Tribunal then turned to consider whether the public interest meant that an immediate order should be imposed. The Tribunal considered that Dr Qureshi's offences were of the most serious kind and public confidence in the profession would be undermined if his practice were to remain unrestricted.

69. The Tribunal balanced whether an immediate order was necessary and not merely desirable in this case. It determined that an immediate order was necessary in the public interest, bearing in mind the gravity of Dr Qureshi's offences.

70. This means that Dr Qureshi registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal

is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

71. The interim order will be revoked when the immediate order takes effect.

ANNEX A – 24/04/2024

Service & Proceeding in Absence

72. Dr Qureshi was neither present nor represented at the hearing. Ms Shirly Duckworth, Counsel, represented the GMC.

Service

73. The Tribunal considered whether notification of this hearing had been properly served upon Dr Qureshi.

Submissions on behalf of the GMC

74. Ms Duckworth invited the Tribunal to find that, in accordance with Rules 15 and 40 of the GMC (Fitness to Practise) Rules 2004 ('the Rules'), service had properly been effected of the Notice of Allegation ('NOA') and the factors upon which it is based, as referred to in Rule 15(1)(a)(i), and of the Notice of Hearing ('NOH') as referred to in Rule 15(1)(b).

75. Ms Duckworth submitted that both the NOA and the NOH had been properly and promptly served upon Dr Qureshi, who currently resides at XXX. She explained to the Tribunal that the MPTS had had issues sending post to prisons via recorded delivery and had therefore sent the NOH via first class post instead. She submitted that the witness statement of her instructing solicitor was sufficient evidence that the NOH had been sent to Dr Qureshi and that this satisfied the requirements of the Medical Act.

Tribunal's Decision

76. The Tribunal considered the proof of service bundles which included the following documentary evidence:

- An email confirming Dr Qureshi's location and prison number;
- NOA, sent to Dr Qureshi 21 March 2024;
- NOH, sent to Dr Qureshi 21 March 2024;
- Letter to Dr Qureshi advising further disclosure of documents, sent 19 April 2024.

77. Having considered all the evidence, the Tribunal determined that notice of this hearing had been served in accordance with Rule 40 of the Rules and paragraph 8 of Schedule 4 of the Medical Act 1983.

Proceeding in Absence

78. The Tribunal then went on to consider whether it would be appropriate to proceed with the hearing in Dr Qureshi's absence pursuant to Rule 31 of the Rules.

Submissions on behalf of the GMC

79. Ms Duckworth submitted that all reasonable efforts have been made to serve Dr Qureshi with notice of the hearing in accordance with the Rules and that it would be in the public interest to proceed with the case in Dr Qureshi's absence. She submitted that there has been no request or indication of a request for an adjournment from Dr Qureshi, and no evidence to indicate that an adjournment would make his attendance more likely.

80. Ms Duckworth told the Tribunal that there had been no indication that Dr Qureshi had sought legal representation or that he wished to be represented. She acknowledged that Dr Qureshi was currently in custody but submitted that this did not prevent him from attending a virtual hearing and there had been no indication that there was any impediment to him doing so.

81. Ms Duckworth submitted that Dr Qureshi would not be disadvantaged by not being able to present his side of events as this was a conviction case, not a misconduct one.

82. Ms Duckworth submitted that there was a public interest in the case proceeding, particularly to the victims of the case, as the criminal proceedings had been delayed multiple times and this hearing would give them some degree of closure.

Tribunal's Decision

83. In reaching its determination, the Tribunal bore in mind the relevant provisions of Rule 31 of the Rules, which states:

'31. Where the practitioner is neither present nor represented at a hearing, the Committee or Tribunal may nevertheless proceed to consider and determine the allegation if they are satisfied that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these Rules.'

84. The Tribunal was satisfied that all reasonable efforts had been made to ensure that Dr Qureshi was aware of the hearing and that he had voluntarily absented himself. It noted

the lack of engagement from Dr Qureshi and the lack of any communication that indicated there was a good reason to delay proceedings. The Tribunal considered that an adjournment at this stage was not likely to alter the position in the future.

85. The Tribunal noted the seriousness of Dr Qureshi's conviction, as indicated by the length of his sentence, and considered that it was in the interest of the public to deal with the case expeditiously.
86. In the circumstances, the Tribunal agreed with the submission of Ms Duckworth that it would not be unfair to proceed with the hearing in Dr Qureshi's absence and that it was in the public interest for this hearing to proceed.
87. The Tribunal therefore determined to proceed in the absence of Dr Qureshi, in accordance with Rule 31.