

## PUBLIC RECORD

Dates: 02/01/2024 - 04/01/2024

Medical Practitioner's name: Dr Salman SIDDIQI

GMC reference number: 7245541

Primary medical qualification: MB BS 2001 University of Karachi

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 Kamran Choudhry
Lay Tribunal Member:	Miss Susan Hurds
Medical Tribunal Member:	Dr Shri Babarao
Tribunal Clerk:	Ms Ciara Fogarty

## Attendance and Representation:

Medical Practitioner:	Not present, not represented
GMC Representative:	Mr Nigel Grundy, 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 - 03/01/2024

### Background

1. Dr Siddiqi qualified in 2002 from the University of Karachi. Prior to the events which are the subject of the hearing, Dr Siddiqi worked in various medical posts in Pakistan and the Republic of Ireland between 2002 and 2012. Dr Siddiqi then started to practise in the UK from August 2012. He held various medical posts within the UK until May 2021. From 1 May 2021, Dr Siddiqi started working as a locum specialist paediatrician for the ProMedical Personnel Ltd. At the time of the events, Dr Siddiqi was practising as a locum specialist in paediatrics at the Queen Elizabeth Queen Mother Hospital in Margate which is part of East Kent Hospitals University NHS Foundation Trust.
2. The allegation that has led to Dr Siddiqi's hearing can be summarised as, on 9 January 2023, at Folkestone Magistrates' Court, Dr Siddiqi was convicted of the following two criminal offences:
  - being a person aged 18 or over, for the purpose of obtaining sexual gratification, intentionally attempting to communicate with 'Child A', a person under 16 who he did not reasonably believe to be 16 or over, the communication being sexual, namely discussing various sexual acts and arranging to meet; and
  - attempting to arrange or facilitate an act which he intended to do in any part of the world, namely meet with a person he believed to be 'Child A' a 14 year old male, which would involve the commission of an offence under section 9 of the Sexual Offences Act 2003, namely oral sex.
3. It is alleged that on 30 June 2023, at Canterbury Crown Court, Dr Siddiqi was sentenced to nine months and 28 months of imprisonment, respectively, with the terms to run concurrently. It is also alleged that 10-year ancillary orders of registration on the Sex Offenders' Register and a sexual harm prevention order were imposed on Dr Siddiqi.

### The Outcome of Applications Made during the Facts Stage

4. The Tribunal granted the GMC's application, made pursuant to Rules 40 and 31 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that notice of this hearing had been served on Dr Siddiqi and that this hearing should proceed in his absence. The Tribunal's full decision on the application is included at Annex A.
5. The Tribunal granted the GMC's application, made pursuant to Rule 34 of the Rules, to admit an updated Certificate of Conviction and an email from the Canterbury Crown Court.

### The Allegation and the Doctor's Response

6. The Allegation made against Dr Siddiqi is as follows:

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

1. On 9 January 2023 at Folkestone Magistrates' Court, you were convicted of, on 8 January 2023 at Margate in the county of Kent:
  - a. being a person aged 18 or over, for the purpose of obtaining sexual gratification, intentionally attempting to communicate with 'Child A', a person under 16 who you did not reasonably believe to be 16 or over, the communication being sexual, namely discussing various sexual acts and arranging to meet;  
**To be determined**
  - b. attempting to arrange or facilitate an act which you intended to do in any part of the world, namely meet with a person you believed to be 'Child A' a 14 year old male, which would involve the commission of an offence under section 9 of the Sexual Offences Act 2003, namely oral sex.  
**To be determined**
2. On 30 June 2023 at Canterbury Crown Court:
  - a. you were sentenced to imprisonment for:

- i. nine months in respect of your conviction as described at paragraph 1a;  
**To be determined**
  - ii. 28 months in respect of your conviction as described at paragraph 1b, to run concurrently;  
**To be determined**
- b. the following 10-year ancillary orders were imposed on you:
- i. registration on the Sex Offenders’ Register;  
**To be determined**
  - ii. a sexual harm prevention order.  
**To be determined**

And that by reason of the matters set out above your fitness to practise is impaired because of your convictions.

**To be determined**

### Documentary Evidence

7. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:
- Various Police Disclosure documents;
  - Sentencing remarks of His Honour Judge Weeks dated 30 June 2023;
  - Various emails between the GMC and the Canterbury Crown Court;
  - Certificate of conviction dated 30 June 2023;
  - An updated certificate of conviction dated 2 January 2024;
  - Various emails from Dr Siddiqi to the MPTS;
  - Dr Siddiqi’s curriculum vitae;
  - Dr Siddiqi’s certificate of achievement of emotional coping skills dated 31 October 2023;
  - Various documents presented by Dr Siddiqi for his sentencing hearing; and
  - Testimonial from Mr B, Local Islamic Community Leader, dated 28 June 2023.

### The Tribunal’s Approach

8. 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 Siddiqi 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.

The Tribunal also had regard to Rule 34 of the Rules, in particular:

'34.

...

*(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.*

...

*(5) The only evidence which may be adduced by the practitioner in rebuttal of a conviction or determination certified in the manner specified in paragraph (3) or (4) is evidence for the purposes of proving that he is not the person referred to in the certificate or extract.'*

### The Tribunal's Decision on the Facts

9. The Tribunal considered each paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.
10. The Tribunal considered the factual background to Dr Siddiqi's conviction, taking into account the sentencing remarks of His Honour Judge Weeks and Dr Siddiqi's 'witness statement' dated 4 December 2023.
11. The Tribunal found the facts of the incident which led to Dr Siddiqi's conviction to be that on 8 January 2023, Dr Siddiqi engaged in an online conversation with 'Child A' a decoy child profile made by an Online Child Activist Group. The conversation initially took place on a dating application called 'Grindr' and then subsequently moved to 'WhatsApp'. The conversations were clearly sexual in nature, and it was clear to Dr Siddiqi that 'Child A' was a 14-year-old male. During the course of the conversation, Dr Siddiqi sent naked images of himself and also arranged to meet the person who he believed was 'Child A' at

the hospital where he worked in the evening for the purpose of engaging in sexual activity.

12. The Tribunal first considered the allegations set out under paragraph 1 of the Allegation. These related to Dr Siddiqi's criminal convictions.
13. The Tribunal considered the Certificate of Conviction that was contained in the bundle provided to the Tribunal. The Tribunal noted that the Certificate was unsigned and undated. The Tribunal also noted that dates in the Certificate did not fully correspond to the dates of Dr Siddiqi's alleged offences. The Tribunal raised this issue with counsel on behalf of the GMC as a preliminary matter.
14. The GMC obtained an updated Certificate of Conviction from the Crown Court in Canterbury that was signed by the Crown Court Clerk and was dated 2 January 2024. The updated Certificate of Conviction was admitted into evidence. The Tribunal was satisfied that the signed updated Certificate of Conviction was '*a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom...*' for the purpose of Rule 34(3).
15. The Tribunal noted that the updated Certificate of Conviction confirmed that an individual with the name Salman Siddiqi (date of birth 18 July 1978) was convicted of: 'Adult attempt to engage in sexual communication with a child (08/01/23); [and] Attempt to arrange / facilitate the commission of a child sex offence (08/01/23)'.
16. The Tribunal examined paragraph 1 of the Allegation and found that it accurately represented the criminal convictions listed in the updated Certificate of Conviction. Specifically, paragraph 1(a) of the Allegation reflected an offence committed on 8 January 2023, contrary to Section 15(a) of the Sexual Offences Act 2003 and section 1(1) of the Criminal Attempts Act 1981 and involved 'Adult attempt to engage in sexual communication with a child'. Paragraph 1(b) of the Allegation reflected an offence committed on 8 January 2023, contrary to section 14 of the Sexual Offences Act 2003 and section 1(1) of the Criminal Attempts Act and involved 'Attempt to arrange / facilitate the commission of a child sex offence'.
17. The Tribunal further considered that there was no evidence indicating that Dr Siddiqi was not the individual referenced in the updated Certificate. On the contrary, the name and date of birth in the updated Certificate of Conviction matched those provided by Dr Siddiqi in a curriculum vitae submitted to the Tribunal for today's hearing.

18. The Tribunal then compared paragraph 2 of the Allegation (which related to the sentences imposed on Dr Siddiqi) with the updated Certificate of Conviction. The updated Certificate stated:

*'The said                      Salman SIDDIQI  
was on                         30 Jun 2023 ...  
sentenced to                Total - 28 months imprisonment  
                                     Offence 1 - 9 months concurrent to offence 2  
                                     Offence 2 - 28 months  
                                     SHPO/SOR - 10 years.'*

19. The Tribunal considered that the wording of paragraph 2 of the Allegation accurately represented the sentences and ancillary orders listed in the updated Certificate of Conviction.
20. In addition, the Tribunal had regard to the sentencing remarks of His Honour Judge Weeks, dated 30 June 2023 which was consistent with the Allegation.
21. The Tribunal also took into account the statement dated 4 December 2023, prepared by Dr Siddiqi for today's hearing. The Tribunal observed the following remarks in the statement: *'I am currently residing in HMP XXX serving a custodial sentence imposed upon me by the honourable Judge – HHJ Weeks at the Canterbury Crown Court based upon the charges as mentioned in the sentencing remarks which is part of the hearing bundle ... I do admit the allegations in discussion which are the subject of this hearing....'* The Tribunal was of the view Dr Siddiqi's comments reflected an acceptance of the Allegation.
22. Given the evidence before it and in accordance with Rule 34(3), the Tribunal determined that that the GMC had discharged its burden of proof. The Tribunal, therefore, determined paragraphs 1 and 2 of the Allegation to be proved in their entirety.

### **The Tribunal's Overall Determination on the Facts**

23. The Tribunal has determined the facts as follows:

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

1. On 9 January 2023 at Folkestone Magistrates' Court, you were convicted of, on 8 January 2023 at Margate in the county of Kent:
  - a. being a person aged 18 or over, for the purpose of obtaining sexual gratification, intentionally attempting to communicate with 'Child A', a person under 16 who you did not reasonably believe to be 16 or over, the communication being sexual, namely discussing various sexual acts and arranging to meet;  
**Found proved**
  - b. attempting to arrange or facilitate an act which you intended to do in any part of the world, namely meet with a person you believed to be 'Child A' a 14 year old male, which would involve the commission of an offence under section 9 of the Sexual Offences Act 2003, namely oral sex.  
**Found proved**
2. On 30 June 2023 at Canterbury Crown Court:
  - a. you were sentenced to imprisonment for:
    - i. nine months in respect of your conviction as described at paragraph 1a;  
**Found proved**
    - ii. 28 months in respect of your conviction as described at paragraph 1b, to run concurrently;  
**Found proved**
  - b. the following 10-year ancillary orders were imposed on you:
    - i. registration on the Sex Offenders' Register;  
**Found proved**
    - ii. a sexual harm prevention order.  
**Found proved**

And that by reason of the matters set out above your fitness to practise is impaired because of your convictions.

**To be determined**



### Determination on Impairment - 04/01/2024

24. 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, Dr Siddiqi's fitness to practise is impaired by reason of his convictions.

### The Evidence

25. The Tribunal has taken into account all the evidence received during the facts stage of the hearing.

26. The Tribunal also received further evidence from the GMC which was a record of determination involving Dr Siddiqi from a previous Medical Practitioners Tribunal dated 4 July 2022.

### Submissions

27. On behalf of the GMC, Mr Grundy submitted that there were two steps. First that the Tribunal must decide if a conviction has occurred. Second, whether as a result of Dr Siddiqi's conviction, he is impaired today.

28. Mr Grundy submitted that Dr Siddiqi's convictions amounted to a significant departure from the standards set out in paragraphs 1 and 65 of Good Medical Practice (GMP) 2013, set out below:

*1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*

*65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*

29. Mr Grundy reminded the Tribunal of *the case of R (on the application of Young) v General Medical Council [2021] EWHC 534 (Admin)*. He submitted that a distinction could be drawn between clinical and non-clinical cases and that remediation was less significant in non-clinical cases. He submitted that Dr Siddiqi's case was one that involved serious sexual offences and that remediation was therefore less applicable in a case of this nature.

30. Mr Grundy referred the Tribunal to the case of *CHRE v NMC and P Grant [2011] EWHC 927 (Admin)* and the overarching objective. He submitted that the need to uphold proper professional standards and maintain public confidence in the profession would be undermined if a finding of impairment was not made.
31. Mr Grundy reminded the Tribunal of the sentencing remarks made by his HHJ Weeks and cited remarks which he submitted were aggravating features of the offences.
32. Mr Grundy submitted that Dr Siddiqi's convictions followed a previous finding of impairment by a different Medical Practitioners Tribunal in July 2022. Mr Grundy submitted that the previous finding of impairment related to Dr Siddiqi receiving a caution for intentionally exposing his genitals and for failing to notify authorities of his caution.
33. He submitted that much of the mitigation that Dr Siddiqi advanced before this Tribunal was put before the July 2022 Tribunal. He further submitted that Dr Siddiqi had not demonstrated that he had taken any steps to remediate. He submitted that Dr Siddiqi's witness statement highlights the effect upon him and his family. He submitted that Siddiqi did not reflect upon the effect of his conduct on the public trust in the profession.
34. Mr Grundy submitted that, bearing in mind the three elements of the overarching statutory objective, the Tribunal should find Dr Siddiqi's fitness to practice impaired.

### **The Relevant Legal Principles**

35. 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.
36. The Tribunal must determine whether Dr Siddiqi's fitness to practise is impaired today, taking into account Dr Siddiqi'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.
37. The Tribunal reminded itself of the statutory overarching objective which is 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.

38. Whilst there is no statutory definition of impairment, the Tribunal is assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report which considers whether a doctor:

- a. *'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; and/or*
- b. *Has in the past and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. *Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d. ....

### The Tribunal's Determination on Impairment

#### *Nature and seriousness of Dr Siddiqi's convictions*

39. The Tribunal first considered the nature and seriousness of Dr Siddiqi's convictions. The Tribunal recalled its findings that Dr Siddiqi's convictions related to conduct of a sexual nature with what he believed to be a 14-year-old child. The Tribunal further had regard to HHJ Weeks' sentencing remarks which stated:

*"It need hardly be said that this is deeply troubling offending. I acknowledge you did not directly misuse your office as a consultant paediatrician, to commit the offence. For all you were happy to engage in offending conduct on hospital property and, during the conversations with what you believed to be a 14-year old boy, you made it clear that you were a doctor at the hospital, with all that that entails, making repeated references to that fact. However, the fact of the matter is that with the knowledge and training that you have in your profession you, of all people, should have known the very deep and lasting harm that you were prepared to cause*

40. The Tribunal further considered that the seriousness of Dr Siddiqi's convictions was marked by a significant custodial sentence and ancillary orders of being placed on the Sex Offenders' Register and a Sexual Harm Prevention Order for a period of 10 years.

41. The Tribunal concluded that Dr Siddiqi had been convicted of serious criminal offences.

42. The Tribunal next considered whether Dr Siddiqi's convictions gave rise to any breaches of the duties and standards of behaviour set out in GMP. It was satisfied that the conviction amounted to a serious departure of the standards set out in following paragraphs of GMP:

*'1 Patients need good doctors. Good doctors..... are honest and trustworthy, and act with integrity and within the law.*

*65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.'*

43. The Tribunal determined that the nature of Dr Siddiqi's convictions demonstrated that he had breached fundamental tenets of the medical profession, was deplorable, and brought the medical profession into disrepute.

*Insight*

44. The Tribunal next considered whether Dr Siddiqi has shown insight into his convictions. The Tribunal was of the view that insight includes a doctor's ability to reflect on his or her conduct, acknowledge the need for different behaviour, display an understanding of the consequences and potential impact of their actions, express empathy for individuals affected, take prompt corrective measures, and outline a plan for future actions to prevent similar issues. Insight must also be genuine.

45. The Tribunal considered Dr Siddiqi's detailed witness statement dated 4 December 2023. The Tribunal noted that this statement was expressly prepared for the purpose of his hearing. In assessing Dr Siddiqi's statement, the Tribunal was mindful of general principles set out in the Equal Treatment Bench Book which are aimed at ensuring that parties are treated fairly. In particular, the Tribunal was mindful that Dr Siddiqi was unrepresented and that he had not attended this hearing and so did not have an opportunity to expand upon his written statement.

46. The Tribunal noted the following passages from Dr Siddiqi's statement:

*"... I do admit the allegations in discussion which are subject of this hearing and since my time in custodial sentence, I have ample amount of time to reflect upon the seriousness and the potential consequences of my offence over myself, my family and over a wide range of community.*

*Having time to think over upon my actions retrospectively, I regret and feel extremely remorseful and totally understand and acknowledge that my actions comprises a serious breach of my professional ethics and conduct.”*

47. The Tribunal further noted that Dr Siddiqi had pleaded guilty to both convictions at the first available opportunity.

48. The Tribunal concluded that Dr Siddiqi’s guilty pleas and his expression of remorse and regret in his witness statement demonstrated some insight. However, it was of the view that Dr Siddiqi’s insight predominately focused on the consequences of his behaviour on himself, his family and his community.

49. The Tribunal considered that Dr Siddiqi had not demonstrated insight into the gravity of his convictions. He further had not demonstrated an understanding of the potential harm and impact that his actions could have had on others. In particular, Dr Siddiqi had not demonstrated any appreciation of the harm of his conduct to children, the medical profession and the wider public interest. The Tribunal found this troubling and agreed with HHJ Weeks’ observations that with Dr Siddiqi’s knowledge and training as a paediatrician, he was well placed to understand the *“very deep and lasting harm”* that his conduct could have had on children.

50. The Tribunal therefore determined that Dr Siddiqi’s level of insight was very limited.

#### *Remediation and risk of repetition*

51. The Tribunal next went on to consider whether Dr Siddiqi had taken any steps to remediate his convictions. The Tribunal was of the view that Dr Siddiqi’s conduct that led to his convictions was hard to remediate but that it was not impossible to do so. The Tribunal considered Dr Siddiqi’s witness statement dated 4 December 2023 and noted that whilst he expressed a desire to *‘rehabilitate’*, *‘address the causes of [his] offending’*, and has had a XXX, he did not demonstrate that he had taken any significant remedial steps.

52. The Tribunal noted that Dr Siddiqi’s witness statement provided information that he had completed a workshop on emotional coping skills. However, it was of the view that this was not directly relevant to the conduct that led to Dr Siddiqi’s convictions.

53. The Tribunal determined that given Dr Siddiqi’s very limited level of insight and no evidence of remediation, there was a significant likelihood of repetition of the offending behaviour in this case. In reaching this conclusion, the Tribunal also noted that Dr Siddiqi’s criminal convictions occurred six months after he was sanctioned by a different Tribunal for

conduct that was also contrary to the Sexual Offences Act 2003. The Tribunal was of the view that Dr Siddiqi's previous sanction had not served as a deterrent to Dr Siddiqi.

54. The Tribunal considered that public confidence in the profession would be undermined if a finding of impairment was not made in this case. A finding of impairment was also necessary to maintain professional standards and conduct in the profession.

55. In light of the above circumstances, the Tribunal concluded that Dr Siddiqi's fitness to practise is currently impaired by reason of his convictions.

#### **Determination on Sanction - 04/01/2024**

56. Having determined that Dr Siddiqi's fitness to practise is impaired by reason his convictions, 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**

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

#### **Submissions**

##### On behalf of the GMC

58. On behalf of the GMC, Mr Grundy submitted that erasure is the only appropriate sanction in this case.

59. He referred the Tribunal to the Sanctions Guidance, (SG), and reminded the Tribunal to have regard to the overarching objective and to ensure that public confidence in the profession is maintained. He emphasised the importance of the reputation of the profession.

60. Mr Grundy submitted that there were no exceptional circumstances which would justify taking no action. He submitted that the conduct was too serious to impose conditions. He further submitted that suspension would not serve the public interest given the seriousness of the behaviour. He submitted that the convictions are fundamentally incompatible with continued registration and that erasure is the only appropriate and proportionate sanction.

61. Mr Grundy referred the Tribunal to paragraphs of the SG which specifically relate to the sanction of erasure, and to those which apply where the matters before the Tribunal relate to convictions, sexual misconduct and child sex abuse materials.

62. Mr Grundy reminded the Tribunal of its findings on impairment and that it found Dr Siddiqi's insight was limited and that he had not demonstrated he had taken steps to remediate. He submitted that the Tribunal identified a risk of repetition and noted that Dr Siddiqi's convictions occurred six months after he was previously sanctioned by a different Medical Practitioners Tribunal.

63. Mr Grundy concluded by submitting that erasure is the only appropriate sanction in this case.

### **The Tribunal's approach**

64. The Tribunal reminded itself that there is no burden or standard of proof at this stage and the Tribunal should consider each case on its own merits.

65. The Tribunal had regard to the SG including the guidance on the approach it should take and the sanctions available to it.

66. The Tribunal noted that the main purpose of imposing a sanction is to protect the public. Its purpose is not to punish, although it may have a punitive effect. When imposing a sanction, it must be proportionate and impose the least restrictive sanction necessary.

67. The Tribunal had regard to the case of *Bolton v The Law Society [1993] EWCA Civ 32* which states:

*'The reputation of the profession is more important than the fortunes of any individual member.'*

68. The Tribunal must consider mitigating and aggravating features in the case and weigh them accordingly. It had regard to the case of *Stone v General Medical Council [2017] EWHC 2534* which stated:

*'matters of personal mitigation are likely to carry considerably less weight in regulatory than in criminal proceedings.'*

### The Tribunal's Determination on Sanction

69. The Tribunal reminded itself that it was required to impose a single sanction in respect of its finding that Dr Siddiq's fitness to practise was impaired by reason of his convictions.

### Aggravating and Mitigating Factors

70. The Tribunal considered aggravating and mitigating factors in this case. In relation to aggravating factors, the Tribunal had regard to the sentencing remarks of HHJ Weeks. The Tribunal was of the view that the factual background of Dr Siddiq's criminal convictions contained several aggravating features. In particular, The Tribunal noted that Dr Siddiq:

- had engaged in a highly sexualised conversation with someone he believed to be a 14-year-old boy called 'Child A'
- had arranged to meet 'Child A' at his living quarters at the QEQM Hospital to engage in oral sex
- had sent 'Child A' naked images of himself
- had made clear that he was a doctor
- had encouraged 'Child A' to come and see him at night and to sneak out past his parents
- had contemplated going to 'Child A's' house and engage in sexualised behaviour with him, in a room that he believed 'Child A' would share with a still younger child
- knew that what he was doing was illegal

71. In relation to mitigating factors, the Tribunal noted Dr Siddiq's very limited insight and that he had pleaded guilty to his convictions at the first available opportunity. The Tribunal further noted Dr Siddiq's expressed willingness to 'rehabilitate,' *'address the causes of [his] offending'* and that he has XXX.

### No action

72. The Tribunal considered that taking no action was only appropriate where there were exceptional circumstances to justify it doing so. The Tribunal did not identify any exceptional circumstances in this case.

### Conditions



73. The Tribunal considered whether it would be appropriate to impose conditions on Dr Siddiqi's registration. The Tribunal recalled that in order for conditions to be imposed, they must be appropriate, proportionate, workable and measurable.

74. The Tribunal considered the SG at paragraph 81 which describes the type of case where conditions may be appropriate.

75. The Tribunal further had regard to paragraph 82 of the SG which states:

*'Conditions are likely to be workable where:*

*a. the doctor has insight*

*...c. the tribunal is satisfied the doctor will comply with them'*

76. The Tribunal considered its finding that Dr Siddiqi's insight was very limited. It determined that conditions were not workable. The Tribunal also considered that conditions were inappropriate and disproportionate to address the grave nature of Dr Siddiqi's criminal convictions.

77. The Tribunal was also of the view, in this case, that conditions were insufficient to meet the public interest and to maintain proper professional standards of conduct for the members of the profession.

### Suspension

78. The Tribunal noted that for suspension to be an appropriate and proportionate sanction, the conduct must be such that it is not fundamentally incompatible with continued registration.

79. The Tribunal had regard to paragraph 92 of the SG which states:

*'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 (i.e. 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).*'

80. The Tribunal recalled its finding that Dr Siddiqi had very limited insight and had not demonstrated that he had taken steps to remediate his conduct.
81. The Tribunal recalled that the conduct that led to Dr Siddiqi's convictions involved a sexual conversation with a person that he believed was 14-years-old. During the course of the conversation, Dr Siddiqi sent naked images of himself and also arranged to meet the person who he believed was 'Child A' at the hospital where he worked in the evening for the purpose of engaging in sexual activity. The Tribunal was of the view that Dr Siddiqi's conduct would be considered deplorable by fellow practitioners and members of the public.
82. Accordingly, the Tribunal concluded that suspension was insufficient to satisfy the three limbs of the overarching objective and that the seriousness of Dr Siddiqi's convictions was fundamentally incompatible with continued registration.

#### Erasure

83. Having found that suspension was insufficient, the Tribunal considered whether it would be appropriate and necessary to erase Dr Siddiqi's name from the Medical Register.

84. The Tribunal had regard to paragraphs 107 and 108 of the SG, which provide:

*107. The tribunal may erase a doctor from the medical register in any case – except one that relates solely to the doctor's health...*

*108. Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.*

85. The Tribunal further considered that paragraphs 109 a, b, e and f of the SG were engaged in this case.

86. The Tribunal had regard to the guidance at paragraphs 150 and 151 of the SG. Paragraph 151 provides: *‘Sexual offences include accessing and viewing, or other involvement in, child sex abuse materials, which involves the exploitation or abuse of a child. These offences seriously undermine patients’ and the public’s trust and confidence in the medical profession and breach a number of principles set out in Good medical practice.’*

87. The Tribunal concluded that in the circumstances, erasure was the only appropriate and proportionate sanction. The Tribunal concluded that erasure was also necessary in furtherance of the overarching objective: to maintain public confidence in the medical profession; and to uphold proper professional standards and conduct for members of the profession.

#### **Determination on Immediate Order - 04/01/2024**

88. Having determined to erase Dr Siddiqi’s name from the Medical Register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Siddiqi’s registration should be subject to an immediate order.

#### Submissions

89. On behalf of the GMC, Mr Grundy submitted that in accordance with paragraph 172 of the SG, the GMC seek an immediate order to uphold public confidence in the profession during the appeal period.

90. Mr Grundy submitted that immediate action must be taken to protect public confidence in the medical profession.

#### **The Tribunal’s Determination**

91. In reaching its decision, the Tribunal had regard to its previous determinations and the submissions made by Mr Grundy.

92. The Tribunal considered paragraphs 172 and 178 of the SG relevant. These provide:

*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.*

*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.*

93. The Tribunal considered the seriousness of Dr Siddiqi's convictions. The Tribunal further balanced the interests of Dr Siddiqi against those of the public.

94. The Tribunal determined that an immediate order of suspension was necessary to protect the public and was otherwise in the public interest.

95. This means that Dr Siddiqi's registration will be suspended on 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.

96. The interim order of suspension currently in place is hereby revoked.

97. That concludes this case.

ANNEX A – 02/01/2024

**Application Service and Proceeding in Dr Siddiqi's absence**

Service of Notice of Hearing

98. Dr Siddiqi is neither present nor represented at this hearing. The Tribunal has considered whether notice of this hearing has been properly served upon Dr Siddiqi in accordance with Rules 15 and 40 of the General Medical Council (Fitness to Practise) Rules 2004 (as amended) ('the Rules').
99. Mr Grundy, Counsel, on behalf of the GMC, referred the Tribunal to various relevant documents relating to this application. The Tribunal noted that Dr Siddiqi is currently residing in prison. It considered the GMC information letter and bundle, dated 15 November 2023, sent to Dr Siddiqi C/O the Prison Governor, HMP XXX by recorded delivery. The Tribunal noted the tracking information stating these documents were delivered on 20 November 2023.
100. The Tribunal also noted the MPTS notice of Hearing (NoH) letter dated 23 November 2023 sent to Dr Siddiqi C/O the Prison Governor, HMP XXX by recorded delivery. It noted that the NoH letter was signed for on 24 November 2023.
101. On 5 December 2023 Dr Siddiqi sent an email to the MPTS indicating that he is aware of today's hearing.
102. Therefore, the Tribunal was satisfied that all reasonable efforts have been made by the GMC to serve Dr Siddiqi with notice of the hearing. It was satisfied that the GMC has discharged its duty to serve a notice of hearing in accordance with the Rules.

**Proceeding in absence**

103. The Tribunal went on to consider whether it would be fair and appropriate to proceed with this hearing in Dr Siddiqi's absence pursuant to Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with appropriate care and caution, balancing the interests of the doctor with the wider public interest.
104. Mr Grundy submitted that Dr Siddiqi made his representations and submissions to the Tribunal in writing, which was set out in his email. Mr Grundy referred the Tribunal to other cases where it was possible for prisoners to attend a hearing by video. Mr Grundy said that although Dr Siddiqi mentioned that he does not have electronic access, it was a matter for Dr Siddiqi to arrange. Mr Grundy submitted that he was not aware of attempts made by Dr Siddiqi to arrange access to this hearing. Instead, Mr Grundy said

that Dr Siddiqi has chosen to put matters in writing before this Tribunal. Mr Grundy submitted that it is proper and appropriate to proceed in Dr Siddiqi's absence.

105. The Tribunal considered Dr Siddiqi's email to the MPTS dated 5 December 2023 wherein he stated: *"As a consequence of the restrictions imposed upon me secondary to my sentence, I don't have any physical or financial resources or electronic access to either self-represent myself or appoint a legal representative to represent my self before the respected panel members of the tribunal."*
106. The Tribunal was not provided with information allowing it to assess whether Dr Siddiqi's statement resulted from an assumption that he would not be able to attend his hearing because of his incarceration or that he had taken steps to attend virtually but had not been able to do so.
107. The Tribunal had regard to Dr Siddiqi's communication with the GMC. The Tribunal was of the view that at no stage in any of his communications did Dr Siddiqi request an adjournment or expressly request that steps be taken for him to attend the hearing. On the contrary, Dr Siddiqi's communications suggest that he anticipated that the hearing would proceed in his absence. He also took preparatory steps to ensure that a hearing could take place in his absence. He submitted a detailed recent witness statement dated 4 December 2023. He also submitted a significant bundle of documents for the Tribunal to consider which includes testimonials in his favour.
108. The Tribunal recalled factors identified in the case of *R v Jones* and that one of the factors was the extent of any disadvantage, having regard to the nature of the evidence against a doctor. The Tribunal determined that in light of the above circumstances and the steps taken by Dr Siddiqi for a hearing to proceed in his absence, it would not be unfair to proceed in his absence. The Tribunal further determined that there is a clear public interest in proceeding with the hearing expeditiously.
109. Accordingly, in accordance with Rule 31 of the Rules, the Tribunal has determined to proceed in Dr Siddiqi's absence.