

PUBLIC RECORD

Dates: 13/05/2024 - 17/05/2024

Medical Practitioner's name: Dr Shahid YAQUB

GMC reference number: 7403300

Primary medical qualification: MBBS 2008 University of Health Sciences
Lahore - Allama Iqbal Medical College

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

Summary of outcome
Suspension, 2 months

Tribunal:

Legally Qualified Chair	Mrs Julia Oakford
Lay Tribunal Member:	Mr Andrew Galliford-Yates
Medical Tribunal Member:	Dr Harriet Leyland
Tribunal Clerk:	Mr Matt O'Reilly

Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Mr Stephen Brassington,, Counsel, instructed by Weightmans Solicitors
GMC Representative:	Ms Anam Khan, Counsel

Attendance of Press / Public

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

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 and Impairment - 15/05/2024

FACTS

Background

1. Dr Yaqub graduated from the University of Health Sciences Lahore with a MBBS in 2009 and completed a 1 year house job followed by around 3 years working in General Medicine. During that time, he passed his Australian Medical Council exam in 2012 and passed his PLAB 1 and PLAB 2 exams. Dr Yaqub then completed 2 years of General Surgery training in Pakistan before coming to the UK.
2. In 2014 Dr Yaqub came to the UK and joined the NHS training programme, he spent 6 months working in Accident and Emergency and 7 months in General Medicine. After completing 2 years of core training, in 2017 Dr Yaqub passed his MRCP exam and then undertook a role in Acute Medicine for a year as an ST3 a role he held for a year. He then changed speciality to Rheumatology/GIM and completed his ST5 year in August 2021.
3. Dr Yaqub was due to undertake his final examination to enable him to become a consultant on 22 June 2021. However, he did not pass this examination because he had been arrested by the police on 21 June 2021 and had been very stressed at the time. Dr Yaqub sat his final examination and passed it in July 2023.

Circumstances leading up to the Allegation

4. It is Dr Yaqub's case that he had been romantically involved with Miss A in an on-off relationship since October 2018. In January 2020, whilst visiting family in Pakistan, Dr Yaqub entered into the first stage of an arranged marriage contract with Miss B. This relationship failed and Dr Yaqub subsequently filed a notice of divorce in October 2020. It is Dr Yaqub's case is that this decision was not well received by Miss B and her family, and there then

ensued a long period of harassment from Miss B and her family, towards Dr Yaqub and his family in Pakistan.

5. Dr Yaqub rekindled his relationship with Miss A in the UK in December 2020 following a period of separation, Miss A having found out about Dr Yaqub's contract of marriage with Miss B.

6. It is Dr Yaqub's case that Miss B continued to harass both him and his family and this included her sending images to XXX and Miss A along with numerous telephone calls and harassment of XXX. Dr Yaqub said that he feared for his safety if he returned to Pakistan due to what he has perceived as threats to his life. It is Dr Yaqub's case that Miss B had made a complaint to the GMC and the Home Office that he was in contact with a terrorist organisation. It is also Dr Yaqub's case that Miss B had made statements which included: *"I strongly suggest that he is homosexual and Impotent."*; *"He is In contact with (redacted), a suspected terrorist."*, *"I have sent all adultery stuff"*, *"We have already written to home office and send all evidence"*; *"Eventually you and your cunning family got what you deserved"*, *"Pack your luggage and get ready to be kicked out of UK"*; *"Trying to approach your responsible officer Dr [J]"*; *"I give you my words that you will rot like a dead fish"*; *"Eventually you will have to leave UK"*.

7. Miss B and Miss A made contact at some unknown time and it was Dr Yaqub's case that Miss B had told Miss A *many horrendous things* about him that she believed at the time. It is Dr Yaqub's case that in January 2021, he was alerted to a fake Facebook account, in his name, linked to the Royal Derby Hospital Facebook page. This account showed him engaging in consensual sexual activity. This page was blocked by the Trust and a Trust investigation was followed. It is Dr Yaqub's case that Miss A obtained the sexually explicit content from his electronic device and posted them onto the fake Facebook page without consent.

8. Miss A reported Dr Yaqub to the police on 13 May 2022 for voyeurism, as she had concerns that the recordings she found of him having sex with other women stored on his tablet involved women who did not know they were being recorded. Dr Yaqub was arrested on 21 June 2022 by police and interviewed on suspicion of voyeurism, harassment and assault. Following his interview with the police, Dr Yaqub was released on bail with conditions pending further investigation.

9. Dr Yaqub's bail conditions included that he was not to contact directly or indirectly Miss A.

10. Between 23 June and 5 July 2022, Dr Yaqub contacted Miss A by phone and text message, asking her to retract her statement or complaint that she had made about him to

the police. Dr Yaqub made nine calls to Miss A whilst subject to his bail conditions on non-contact, on 24 June 2022, 25 June 2022 (x2), 26 June 2022, 27 June 2022 (x2), 28 June 2022 (x2), and 3 July 2022.

11. On 5 July 2022, Miss A reported Dr Yaqub to the police for having contacted her and having breached his bail conditions.

12. On 16 July 2022 Dr Yaqub was arrested on suspicion of perverting the course of justice. He was charged and found guilty, after a guilty plea, at Derby Crown Court on 22 December 2022. He received 4 months imprisonment suspended for 18 months and ordered to pay a statutory victim surcharge of £154.00.

13. The initial complaint against Dr Yaqub was an allegation of voyeurism made by Miss A for which he was under bail conditions which was dropped by the police and no further action was taken.

The Allegation and the Doctor's Response

14. The Allegation made against Dr Yaqub is as follows:

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

1. On 22 December 2022 at Derby Crown Court you were:
 - a. convicted of committing a series of acts with intent to pervert the course of public justice; **Admitted and found proved**
 - b. sentenced to four months imprisonment suspended for 18 months.
Admitted and found proved

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

The Admitted Facts

15. At the outset of these proceedings, through his legal representative, Mr Brassington, Dr Yaqub made admissions to the entirety of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced all paragraphs of the Allegation as admitted and found proved.

IMPAIRMENT

16. 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 above, Dr Yaqub's fitness to practise is impaired by reason of his conviction.

The Evidence

Documentary Evidence

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

On behalf of the GMC:

- Case Examiner Decision Reasoning relating to the previous complaint by Miss A, dated 6 May 2021;
- Self-referral email from Dr Yaqub to the GMC, dated 28 June 2022;
- Witness Statement of Miss A to Derbyshire Police, dated 5 July 2022;
- Witness Statement of PC D, dated 16 July 2022;
- Record of Interview of Dr Yaqub, dated 16 July 2022;
- Witness Statement of DSI E (with exhibits), dated 31 July 2022;
- Email from Dr Yaqub to the GMC providing an update of the legal proceedings against him and that he was on bail pending his Court hearing, dated 31 July 2022;
- Email correspondence between Derbyshire Police and the GMC, various;
- Note of a telephone call between Derbyshire Constabulary and the GMC, dated 28 September 2022;
- Transcript of Sentencing Hearing which included the Judge's sentencing remarks, dated 22 December 2022;
- Certificate of Conviction, dated 13 January 2023;
- University Hospitals of Derby and Burton NHS Foundation Trust ('Trust') - Notes of the Trust's Disciplinary Hearing, dated 26 May 2023;
- Responsible Officer Statement of Dr J, dated 4 July 2023;
- Email correspondence between Derbyshire Police and the GMC, various;
- Transcripts of telephone calls between Dr Yaqub and Miss A, undated.

On behalf of Dr Yaqub:

- Dr Yaqub provided various Whatsapp messages from Miss B to himself and his family members, both texts, images and a screen shot of the numerous calls he received, various;
- Dr Yaqub provided various Whatsapp messages from Miss A, both text and images, various;
- Messages purporting to be between Miss A and Miss B, various;
- Copies of emails sent by Miss A to the GMC dated 14 March 2021 and 12 April 2021;
- Email from the Counter Terrorism Police Unit, dated 3 February 2021;
- Royal Deby Hospital Appeal Hearing Outcome letter, dated 20 December 2023;
- Speciality Certificate examination in Rheumatology, 2023;
- Patient survey, 2020;
- 360 Colleague feedback reports 2018, 2019, 2020 and 2021;
- Letter from Dr F, dated 19 April 2024, XXX.

Witness Evidence

18. In addition, the Tribunal received witness statements from the following witnesses on Dr Yaqub's behalf who were not called to give evidence::

- Mr G, XXX, dated 3 May 2024
- Dr H, Dr Yaqub's class fellow at medical school and close friend, undated.

19. Dr Yaqub provided a written statement, dated 2 May 2024. He also gave oral evidence at the hearing on 13 May 2024.

Summary of Dr Yaqub's oral evidence

20. Mr Brassington referred Dr Yaqub to his witness statement and asked him to explain to the Tribunal why he would not fall short again in the future. Dr Yaqub said that he had provided a detailed reflection on his foolish mistake which he should never have done; that he has learned his lesson; and that it has affected his personal life and his training period. Dr Yaqub said that his actions were shameful for him, for the profession, and that they were far below the standards of Good Medical Practice. He said his mistake was over a short period of time, about 10 days. Thereafter he had been open and honest to the hospital, the police, the GMC, the Dean and the deanery. He has since had meetings with his educational supervisor and supervising consultants. He said that everyone now knows about what happened and that they have been helping him. Dr Yaqub said that he has been XXX to make sure all safeguards were in place, and that he would never make this kind of mistake ever again.

21. During cross examination, Dr Yaqub was referred to the Trust Appeal Hearing outcome letter, dated 20 December 2023, by Ms Khan who questioned him as to inaccuracies as to what had actually happened, and what the Trust had recorded from information Dr Yaqub had told the Trust, namely; *“You explained that the reason you were arrested was because the accuser had liked posts that you had added to social media and had made comments. You were aware that following your bail conditions you were not to contact the accuser. You explain that in a 1-week period you sent 3 text messages asking them to stop this process. At the time you did not realise that this was preventing the course of justice. When you realised it was, you pleaded guilty as you had sent messages.”*. Dr Yaqub said that these interviews were after the conviction and that was no reason to be hiding information from the hospital, that they had already been informed about him pleading guilty in reference to the calls to Miss A, so he had no reason to hide anything. He said he had accepted his mistake and learned a lesson from that. Dr Yaqub said that there was a miscommunication with the first Hospital Investigation Officer when the second complaint was made regarding there being three counts alleged; contacting Miss A, contacting her friend, and one was going to her house. Dr Yaqub said that he accepted that he contacted Miss A but that the other two were not true and the hospital Investigation Officer misinterpreted it, but that this was clarified during his appeal. Dr Yaqub said that the written information from his appeal was the same information the GMC had and that there was no discrepancy.

22. Dr Yaqub said that the decision to call Miss A was not calculated nor thought through, he said that Miss A had engaged in the conversations with him which was what made some of the calls quite long. Dr Yaqub accepted however that Miss A had asked him not to call her or contact her on a number of occasions, and the fact he may lose his career weighed heavily on his mind. When it was put to him that the complaint ultimately amounted to nothing, Dr Yaqub said that was because they were all lies. Dr Yaqub agreed with the observation that at the time he was contacting Miss A, he did not know what the outcome of the investigation was going to be when he was released with bail conditions. Ms Khan then asked Dr Yaqub, if he had hypothetically known at that time that the investigation would ultimately conclude with no further action, would he have bothered to contact Miss A. Dr Yaqub said that he saw it another way, XXX had suffered due to the various stressors in his life at that time: the police arrest on 21 June 2021, just prior to his exam, which he subsequently failed, having a close friend and XXX staying with him and going into his exam having not slept for 48 hours all affected his judgement. He said that it was because Miss A was lying which actually made him call her. He said that Miss A had texted him before that but that he could not prove it as the police had taken his mobile phone away. He said that was not a defence and that it was a shameful act and that he should not have contacted her.

23. Dr Yaqub said that his witness statement set out two years of background of false allegations against him, that this was not just a one-off incident, that he had really suffered badly in his career. Dr Yaqub said that he took full responsibility of his stupid mistake, that he was human and that he did not blame anyone else for him violating his bail conditions. He said that his intention was not bad, but that his act was an illegal act. He said that he has shown remorse, reflected and learned his lesson.

24. Dr Yaqub was asked by the Legally Qualified Chair, in accepting current impairment based on public interest, what he understood by public interest. Dr Yaqub said that it was the trust of the public in the profession, in the healthcare system and the regulatory body, the GMC. He was asked how he thought the public would react to a doctor who had a conviction for perverting the course of justice. Dr Yaqub said that it would not be a good impression and as a doctor he felt ashamed and that he had 'gone through' his actions and that all he could now do was provide an unconditional apology to his profession and to the public.

25. In respect of the transcripts of the telephone calls to Miss A, Dr Yaqub was reminded that he said that the calls were not calculated, but that there was mention of sums of money, and that he could work locum shifts to get that money. He was invited to comment. Dr Yaqub said that he was under tremendous stress and that even before he was aware of the police complaint, made by Miss A some five days earlier, Miss A had accepted money from him because she needed some money. He said that at that time he was just preparing for his exam whilst also busy with his shift work so at that time that was his thought that all Miss A wanted was money.

26. When asked about why he had not accessed support earlier, Dr Yaqub said that during the period of the appeal decision from the hospital he received an email from the hospital advising him he was not to contact any of his colleagues or hospital employees and that the only person he could contact was his supervisor. He said that he has since contacted two friends, who are consultants, and they gathered around him providing XXX and support.

27. Dr Yaqub was asked what he would do differently if for instance he were faced with a complaint from a colleague. Dr Yaqub said that he would always be open and honest as he has been during this process, XXX. For support, he said he would first speak to his educational supervisor and then get in touch with the XXX. He said that he now has a XXX who has advised him that he can contact her at any time as soon as he needed help XXX. He said that he now had everything in place.

Submissions

Submissions on behalf of the GMC

28. Ms Khan referred the Tribunal to Section 35C of the Medical Act, which indicated that a doctor's fitness to practise may be impaired in a number of different ways and in this case it was submitted that the doctor's fitness to practice is impaired by virtue of his conviction.

29. Ms Khan also highlighted the case of *GMC v Meadow [2006] EWCA Civ 1390 (26 October 2006)* in which it was set out that the purpose of fitness to practise proceedings was not to punish the practitioner for past misdoings, but to protect the public against the acts and omissions of those who are not fit to practise and the Tribunal must therefore look forward and not back. Ms Khan submitted that in order to form a view as to the fitness of a person to practise today, it was evident that the Tribunal will have to take account of the way in which the person concerned has acted or failed to act in the past. She submitted that Dr Yaqub's criminal conviction represented a significant departure from Good Medical Practice. She submitted that paragraphs 1 and 65 of Good Medical Practice (2013) ('GMP'), were engaged:

"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."

30. Ms Khan submitted that Dr Yaqub's conduct was persistent, that he deployed various tactics when asking Miss A to withdraw her complaint, and that he did so whilst being the subject of bail conditions prohibiting him from having any contact with her. She said that at the present time Dr Yaqub remained subject to the operational period of his suspended sentence, which expires in June 2024. She said that as a general principle where a doctor has been convicted of a serious criminal offence, and that in her submission committing a series of acts with the intention to pervert the course of justice was a serious criminal offence, and the doctor should not be permitted to resume unrestricted practice until they have satisfactorily completed their sentence. She referred the Tribunal to the case of *Council for the Regulation of Healthcare Professionals v GDC and Fleischmann [2005] EWHC 87*, in which the rationale for this principle was outlined and which stated that good standing in a profession must be earned if the reputation of the profession is to be maintained. Ms Khan submitted that it was in the public interest for there to be a finding of impairment.

31. Ms Khan referred the Tribunal to the overarching objective. She submitted that public confidence in the profession has been damaged as a result of Dr Yaqub's conviction and the

circumstances in which the offence was committed. She said that a finding of impairment is therefore necessary to promote and maintain proper professional standards and conduct for members of the profession.

32. Ms Khan invited the Tribunal to read the transcripts of the calls between Dr Yaqub and Miss A when making its assessment of the overall seriousness of this offence in order to obtain the context and an understanding of the overall circumstances in which the offence was committed. Ms Khan submitted that when determining impairment limbs 'b' and 'c' of the test, as set out in the case of *CHRE v NMC & Grant* [2011] EWHC 927 (Admin), were engaged in this case, namely that Dr Yaqub has in the past brought and/or is liable in the future to bring the profession into disrepute; and has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession.

33. In respect of limb 'b', Ms Khan submitted that an ordinary member of the public would be shocked and surprised to learn that a doctor, given bail conditions of non-contact, persistently breached those bail conditions by inviting the complainant to retract her complaint to the police, rather than behave as he should have done and wait for the investigation to conclude in its normal way. In respect of limb 'c', She submitted that it would shock and surprise ordinary members of the public that a doctor has been convicted of a serious criminal offence of committing a series of acts with the intention of perverting the course of public justice. Ms Khan submitted that events before this Tribunal were in the recent past as Dr Yaqub had been convicted 17 months ago and was still subject to his suspended sentence of imprisonment. She submitted that it could not be said that matters were so far in the past that they have been overtaken and as such are no longer relevant to the question of impairment.

34. Ms Khan highlighted the case of *Kumar v GMC* [2012] EWHC 2688 (Admin) in respect of the consideration of remediation. She submitted the case of *Kumar* sets out that there are cases in which remediability, or the fact that the particular error is unlikely to be repeated, cannot mean that fitness to practise is unimpaired. She said the need to uphold public confidence in the profession and declaring and upholding standards of behaviour may mean that a doctor's fitness to practise is impaired by reason of certain acts of misconduct of themselves, and that evidence of conduct that has been remedied does not automatically mean that the practitioner's fitness to practise is not impaired. She said *Kumar* sets out that there will be some cases which are of such gravity or nature that the Tribunal would be entitled to conclude that the practitioner's fitness to practise is impaired, regardless of whether the shortcomings had been remedied or were not likely to be repeated. She invited the Tribunal to treat this as one such case.

35. Ms Khan also referred the Tribunal to the case of *Cohen v General Medical Council [2008] EWHC 581 (Admin) (19 March 2008)* in which it was noted the importance of the public interest when considering impairment, including the collective need to maintain confidence in the profession, as well as declaring and upholding proper standards of conduct and behaviour in doctors. She submitted that in light of Dr Yaqub's conviction for a serious criminal offence, a well-informed member of the public would find the doctor's actions deplorable, that his actions have undermined public confidence in the medical profession, and have breached the fundamental tenets of the profession. She submitted that for those reasons, she invited the Tribunal to find that there is current impairment in order to maintain the public's confidence in the profession and to promote and maintain proper professional standards.

Submissions on behalf of Dr Yaqub

36. Mr Brassington submitted that Dr Yaqub readily conceded impairment and were it capable of admission, would admit that his fitness to practise is currently impaired on the basis of the public interest. He said that there was no dispute and there would be little difficulty in concluding the same given the fifth Shipman report and its adoption in the case of *Grant* as a convenient method of approaching the issue of current impairment. Mr Brassington submitted that as Dr Yaqub said in his witness statement, he acknowledged entirely that he has brought shame upon himself and tarnished the professions reputation which lands firmly and appropriately in the realms of a finding of current impairment, despite the fact that this will not be repeated.

37. Mr Brassington submitted that there was absolutely no question that Dr Yaqub made a catastrophic error of judgment when he contacted Miss A on numerous occasions over a narrow compass of time in 2022, but that this had to be placed into its proper context. He submitted that Dr Yaqub has endured a living hell for four years and that it was impossible to imagine the stress and strain that he has been placed under as a consequence of the dual attack upon him personally and professionally by both Miss A and Miss B, without merit at all. Mr Brassington said that Dr Yaqub has lost eighteen months of his training; he had his door kicked in by the police; he has been interviewed for serious sexual offences by the police; he has been accused of being a member of a prescribed terrorist organisation, necessitating a self-referral to the GMC, and which was dismissed out of hand immediately because it was nonsense; he has been accused of being a human trafficker, which was dismissed correctly as nonsense; he has been falsely accused of being illegally in the United Kingdom, dismissed out of hand; he has been accused of assaulting Miss A, which was untrue, and she withdrew it; he has been accused of stalking Miss A and others, all untrue and withdrawn; he was accused of voyeurism, which was untrue and, when investigated, was dismissed by the police because every individual with whom the doctor was pictured in compromising and private

photographs and videos, were consenting adults; he has had to endure threats against his life were he to return to Pakistan; and if Miss A and Miss B had done their job properly, he would be immediately arrested and interrogated as being a member of a terrorist organisation and has not yet been able to return to Pakistan for the last two years. Mr Brassington said that those attempting to destroy Dr Yaqub, sent his family pornographic images of him and women consenting to the taking of those images, which has brought intolerable shame upon his family in Pakistan, and him in this country. Further, that a Facebook page was set up linking him to all of those images and that Facebook page was linked to the Derby Hospital where he worked so when the link was clicked on to the Derby Hospital Facebook page, pornographic images of Dr Yaqub with women appeared. Mr Brassington submitted that this was the context and background of this case.

38. Mr Brassington submitted that the background should be placed against the conviction because that is what the reasonable well-informed member of the public would also know about what happened. He said however that none of this should be taken for one moment to be undermining of the complete stupidity and criminality of what Dr Yaqub did, which he has accepted from the outset, pleaded guilty and comes before his regulator with open hands apologetic and shamed. Mr Brassington said that Dr Yaqub has co-operated with the police, his Trust and the GMC. He said that having regard to the Judge's analysis of this case that these were requests by Dr Yaqub, rather than demands, and there were no threats made against Miss A.

39. Mr Brassington submitted that these extraordinary false allegations that have been made against Dr Yaqub have literally ruined his professional career, that he was reinstated and has been working back at the Trust since January 2024, and full time since March 2024, he referred the Tribunal to the patient feedback and colleagues surveys which all speak to the fact that Dr Yaqub is a very competent and able doctor providing useful service to the NHS at this time. He also referred the Tribunal to the testimonial evidence from the clinical lead in his department. Against that backdrop, Mr Brassington said that a conviction for a significant criminal offence and a sentence of imprisonment, whether suspended or not, is going to bring the profession into disrepute. He said that Dr Yaqub has fallen short in one of the fundamental tenets of Good Medical Practice, which is accepted by the doctor, but that it must be against the proper context and background of this extraordinarily difficult case.

The Relevant Legal Principles

40. 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.

41. The Tribunal must determine whether Dr Yaqub's fitness to practise is impaired today, taking into account Dr Yaqub's conviction of committing a series of acts with intent to pervert the course of public justice and the sentence he received of 4 months imprisonment suspended for 18 months.

42. When determining impairment, the Tribunal bore in mind the approach set out by Dame Janet Smith in the Fifth Shipman Report, as referred to by Mrs Justice Cox in *CHRE v NMC & Grant* [2011] EWHC 927 (Admin), as follows:

*"Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, **conviction**, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:*

- 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 brought 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. has in the past acted dishonestly and/or is liable to act dishonestly in the future."*

74. In determining whether a practitioner's fitness to practise is impaired... 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 confidences in the profession would be undermined if a finding of impairment were not made in the particular circumstances."

43. In applying these principles, the Tribunal must take into account our overarching objective which is to protect the public. This objective includes to:

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

The Tribunal's Determination on Impairment

Conviction

44. The Tribunal reminded itself of the circumstances and the context of all the matters in this case which led to Dr Yaqub’s conviction. It reminded itself of the transcripts of the nine telephone calls Dr Yaqub made to Miss A, whilst he was subject to his bail conditions. It considered that there were three main themes in his calls to Miss A;

- 1 to request she retract her statement or complaint to the police,
- 2 to offer her money,
- 3 to tell her about the impact her complaint was having on him, XXX and career.

Miss A did on numerous occasions ask Dr Yaqub to stop contacting her throughout the calls. The Tribunal has considered all the transcripts from the nine calls in full and has only replicated part of them here in demonstrating the three themes identified. In particular:

FEMALE I don't think you should even be talking to me, let alone asking me to withdraw any statement.

MALE I will do anything you say ...

*MALE Can you please Miss A please Miss A please Miss A I am at breaking point right now, please, please stop it, you are still confronting me, can you please stop for sake of Allah? I told you I loved you, (inaudible) and you are still (inaudible)
...Can you please call them? Please for sake of Allah, not for me*

FEMALE And I’m telling you I have told you I am not the person, I have not made a statement, I have raised a concern, right?

MALE Can you please take back that? Can you please take back? Please

FEMALE Take back a concern that I’ve raised?

MALE Yes please

FEMALE Well yeah I ...

MALE For sake of Allah, you won’t lose anything, you won’t lose anything. Literally all you need is (inaudible) right now and move to (inaudible), that’s one step you need to take

...

MALE Miss A I will let you do anything, literally (inaudible), please, please stop (inaudible), please. Please you can (inaudible) rest of my life, (inaudible), I’m begging. All I’m doing is begging, (inaudible)

...

MALE *Miss A right now (inaudible) clear, very clear, please stop it, please. Please, please go in today, please I'm begging you and just for sake of Allah and may Allah return you million, billion, trillion times back to you*

FEMALE *Right. I don't even know who's dealing with it, no one's bothered contacting me*

MALE *you can contact police, talk to police. Literally, literally I will never, never forget this kind of like favour, never forget this*

...

MALE *Ms A please, can you please, can you please (inaudible), can you please do that?*

...

MALE *Can you please take it back? (inaudible)*

...

MALE *Please can you please take, (inaudible)*

...

MALE *Okay thank you, Miss A can you please take it back whatever you have said?*

FEMALE *I, I'll see what I can do, I'm not promising anything right now*

MALE *Please Miss A please, just for sake of Allah please do this*

FEMALE *Like I told you several times before, this isn't just about me*

MALE *Okay thank you (inaudible), please do that*

FEMALE *I don't know how successful me saying that would be for you*

MALE *Please, just you take your part back, I speak, I will be able to (inaudible) and they will allow me to contact you and then we will say how, what I can do. Please take it back, please, Ms A please, I'm begging you, literally begging you*

FEMALE *You need to stop begging me, you just need to stop*

MALE *Please*

FEMALE *You need to stop contacting me and what will be will be, at the end of the day like I said it's beyond me now*

MALE *That's fine, can you take your part back? Don't go there*

FEMALE *I'll see what I can do*

...

MALE *Just take your part back, please*

FEMALE *What I'll do is I'll see what I can do and right now that should be enough for you*

MALE *Because I will tell you if you do it today, this week, (inaudible), otherwise (inaudible) police and every moment will XXX*

FEMALE *You need to sort yourself out, you need to sort yourself out*

MALE *Miss A can you please, please, (inaudible)*

FEMALE *Look, look, look*

MALE *(inaudible)*

FEMALE *Stop, stop. You are a grown man, right? You are educated, you are intelligent. Your behaviour currently, yes I understand you're in severe stress right now, you need to get it together*

...

MALE *No, no, not, not in that sense, like literally what I have been through. I, based on that I think I can never do this again, never. That's why I said maybe you don't have insight, but literally what I am going through crying all day, in the last 48 hours I have eaten two spoons of rice and one glass of milk because I was retching and XXX and I was thinking I'm getting now really scared, maybe*

...

MALE *But Miss A literally, literally what you have done right, sometimes I feel like maybe XXX I'm having now, just imagine for example XXX, please will you be able to forgive yourself for this?*

...

MALE *Miss A just do (inaudible), just like, just give me (inaudible) sincere effort and do your best, whatever you can take back you will take it back and literally (inaudible) I will pay, and literally if you want to teach me a lesson I can assure you literally this it too much already, you don't need to continue the whole thing to teach me a lesson, it's already too much. Believe me, it's too much, if you are thinking like I won't learn lesson from this (inaudible), literally this is too much*

FEMALE *I know it's too much, all of it's too much Shahid, everything, (inaudible)*

MALE *Can you, can you, can you then please rest assure me when they call you will try your best to close the (inaudible)?*

FEMALE *It's (inaudible) gonna speak to them but I'm still waiting for them to get back to me*

MALE *Sorry?*

FEMALE *I'm still waiting for them to get back to me*

MALE *Yeah but when they get back to you will you please try your best? That's what I'm asking*

FEMALE *Yes*

MALE *Thank you*

FEMALE *Right, I know right now that you feel a mist of despair*

MALE *Literally show, show me some kindness, at least a little (inaudible) when I'm trying. I will never ask you this never again, I will never need this again*

...

MALE *Miss A I wanted discuss something*

FEMALE *Mm?*

MALE *You can think about it and tell me, like I know you can't trust me now, which is very fair enough, I can't blame you for that*

...

MALE *If I gave you written oath on my parent's life, (inaudible), that I will give you minimum £10,000 for all shit I have done, as compensation, not like as a favour for you. So can, like but it will be like I will try my best like £500 - £1,000 every month by doing locum. You know like I can't pay you all together, but I can give you in cash like if you don't want me to transfer to your account and if you help me to keep my carer to I can help people, help my patients, you know like I'm a good doctor and also I will save my lifetime achievement. I know I have done very shitty things but maybe if you think deep down your heart I don't deserve to lose my lifetime, like literally sleepless nights. My XXX going (inaudible) to fund me, fund my education, so please ...*

...

MALE *...I can't blame you at all, so this will be something kind of like (inaudible), maybe a year to pay this and it will be more of a lesson for me to never do this kind of thing again, (inaudible)*

... *you're doing bad and you know you're doing bad and then tryna pay yourself out of the shit? Like I don't understand your mentality*

MALE *So Miss A, Miss A , Miss A, like I agree like I wasn't (inaudible), literally right now I want to be perfect and I was thinking then I will know every month I have to pay minimum 500 and either this £1,000*

...

MALE *So this is literally I'm just doing to learn, like teach myself a lesson and I think I ...*

FEMALE *Okay so you don't wanna give me that for me to speak to the police and drop everything?*

MALE *That is (inaudible), that is an unconditional forgiveness I'm asking you. I, I can't pay for forgiveness, like that I can't pay for rest of my life but if you say like how much you want I can't pay, a human being worth much more than that. This is kind of like reminder thing for my own bloody bad character and reminder for me, and it will actually work I thought (inaudible)*

FEMALE *I thought (inaudible)*

MALE *No, no that is a charity for (inaudible)*

FEMALE *Mm*

- MALE *That is, that is not like this kind of money. That is a pure charity, literally I was asking like*
- ...
- MALE *But like I said like cos I'm making commitment it will be minimum 500 minimum I will pay you every month if I can't do locum that month or if (inaudible) or maximum like at least I will try my best to do £1,000, (inaudible) mortgage and everything*
- ...
- MALE *Okay you (inaudible), but please think about it and please think like for me as well how can, and what is the best way*
- FEMALE *But (inaudible), what I'm telling you now (inaudible), can you just stop contacting me?*
- MALE *Miss A who else I can ask for help?*
- FEMALE *I don't know. I, for the last 4 years I've tried to help you*
- MALE *Please this is the last time, I will never ask you, I will never put myself in this situation again*
- ...
- MALE *You, I wish you could like see XXX in this, so no, (inaudible)*
- FEMALE *That's not my fault if XXX again. If XXX ...*
- MALE *So I'm not blaming you, I'm just telling you like the things I have gone through, like XXX, that's why I was telling you, I will never put myself in this situation again, never, ever, ever, inshallah, never. So please think about it and please like ...*
- MALE *(inaudible) contact you or maybe you contact them tomorrow, just try to (inaudible)*
- FEMALE *I'm busy tomorrow, I've got my own shit that I need to sort out tomorrow*
- MALE *Oh*
- FEMALE *Like if they contact me back from that fair enough, but I'm not gonna be running round after police tomorrow cos I've got my own worries to sort out*
- MALE *Okay. Well I was thinking if you take it back like (inaudible) I hope it will go away*
- ...
- MALE *Miss A I'm just thinking like earlier you do it will be better for me*
- ...
- MALE *(inaudible). I literally like right now I wish you could see my pain. I have (inaudible), I just feel like I might lose my lifelong achievements and things like, it's very hard, hard to say (inaudible) describe. It's very hurtful*

...

MALE *But like when you, no, no, when you, when you did, I know what I've done. I have reflection, I can reflect (inaudible). My issue is did you even think like literally like that I was literally at the end, like yesterday crying (inaudible) like my XXX used to wake up at 4AM just to go do some extra tuition so he can afford our education and everything, and (inaudible). And I thought maybe you would then consider that as well and it gave me literally like (inaudible)*

FEMALE *Look, look, don't try to emotionally manipulate me*

MALE *Listen it's not emotionally, Miss A, Miss A, did I say anything unrealistic or not?*

...

FEMALE *Right, you can't, you need to start staying out of my life now*

MALE *Please sort this out and then maybe I will just contact you when I have to transfer money, otherwise I won't disturb you at all*

FEMALE *So like I literally (inaudible)*

MALE *Unless you allow me to*

FEMALE *Sorry?*

MALE *Unless you allow me to otherwise I won't disturb you*

FEMALE *I don't, I don't wanna be disturbed anymore. I just wanna get on with my life and live a normal, happy, peaceful, truthful life*

...

MALE *... please try your best, please for all of this, literally this will be maybe biggest favour or kindness ever in my life from anyone. I will never forget that and I mean it*

FEMALE *Yeah well (inaudible)*

MALE *(inaudible), I hope it will be (inaudible). If you give some statement in my favour like yeah I was angry, I misinterpreted things, he's a nice doctor, I lived with him, I know, like this kind of statement, it will actually favour me and you know that as well*

FEMALE *Even if I did a positive statement about you it's not gonna change what you've done*

MALE *what is done is done now, at least it will reduce my worry, it will reduce my problems, (inaudible)*

...

MALE *So it will help me a lot, you know that cos if you take your statement back all these things will go back anyway*

...

FEMALE *Right well like you're gonna have to like speak to somebody else or I don't know, I don't know what it is you want from me, whether it's emotional help or like advice or ...*

MALE *No I just want literally help in this issue if you can, if you can speak to the police and that (inaudible) literally, this is the last, last time favour to me...*

...

MALE *I will do anything for you, (inaudible) then I go back and work, I will start paying you £1,000 a month I pay, I will try my best. I just need to go (inaudible) thingy. I won't, I won't do anything bad again, never, can't afford anything like this ever again. (inaudible) if you take it back (inaudible), I will pay you that, (inaudible)*

...

MALE *...if you take it back I hope that will help me a lot and cos I feel if you speak to (inaudible) and like try sincerely and (inaudible) 5 – 6 months, I need to move on, and we should take it back and maybe meet face to face after that and make sure (inaudible) good person, because he's a good doctor and I hope all this is more than enough to change him. Just try in that kind of sense maybe, maybe (inaudible). Literally you are the only person I can ask to help me right now. I was thinking if the case (inaudible) bloody spending 10-£15,000 on a lawyer. I am like literally more than happy to pay you all that money, 15 or even if you say 20, like I said gladly I can pay you. I don't wanna waste money on this shit paying, so...*

...

MALE *If you're thinking I'm manipulating you I swear to Allah I'm not*

FEMALE *... I don't, I don't need your money. I don't need your money, right?*

MALE *Yeah Miss A, I made that commitment for ...*

FEMALE *I would rather struggle than be paid off*

...

MALE *But didn't I, didn't I suggest I can pay you that money when I'm, I can sell my (inaudible), I will give you 20,000 straight away*

FEMALE *Look, look, look, look, look. Right, stop right now, right? I don't want you to contact me every again, delete my number, do not ever contact me via anybody else either, right? I wanna get on with my life. You think that I'm the core person in this, let me tell you you're wrong, you're actually contacting and begging the wrong person..."*

45. Whilst the decision as to impairment was a matter for the Tribunal alone, it noted the sentencing remarks of the Judge in the criminal court case in which it was stated:

“Mr Y, you really are a fool. You have thrown away your good name, for what? Entirely unnecessarily. There was a police investigation. Allegations were made against you which you said were untrue, and all that you had to do in those circumstances was to let the investigation take its natural course, and that inevitably has been what has happened here. Having taken its natural course, you have not been charged.

That, I am afraid, is what is required of anyone and everyone against whom an allegation is ever made. It is not a private matter between two individuals, it passes into the public domain, and we rely on the integrity of the police to conduct a thorough, complete and independent investigation into any and all allegations to see where that investigation leads, and then the professional scrutiny of the Crown Prosecution Service to determine whether the test, and the strict test, for any charge is met or not. I repeat, in your case it was not.

What you did was to make a number of requests, some orally some by text message, that the complainant in the allegation should withdraw her complaint. You were legitimately concerned about your career. Documentation that I have seen on your behalf this morning makes this case all the more tragic because it is perfectly apparent that you are a very fine and respected doctor, and we need people like you never more than we do at the moment.

You have, though, had the courage and the integrity to admit your guilt, and that stands you in great stead. There is a lot of decided case law about the charge that you have admitted; most of it suggests that a sentence of immediate imprisonment will be virtually unavoidable in most cases.

Accordingly, I mark it with a sentence of imprisonment. It would have been six months after trial. Giving you full credit for your plea, I reduce it to four months. But for all the reasons that I have outlined, firstly the fact that these were requests rather than demands, and more particularly threats; secondly, that the investigation ultimately went nowhere in the sense of not resulting in a charge; thirdly, that, in fact, it never had the desired effect anyway because it was an ill-judged request, for all the reasons that Mr Hayes and I have discussed.

I am quite satisfied that it is entirely appropriate in your case to suspend that sentence, and I suspend it for a period of eighteen months...”

46. The Tribunal agreed with the sentencing remarks of the Judge relating to the telephone calls; *“that these were requests rather than demands.”*

47. The Tribunal was satisfied that paragraphs 1 and 65 of GMP were engaged in this case.

“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.”

48. The Tribunal considered that whilst this was not a dishonesty case, and dishonesty was not alleged, Dr Yaqub acted outside of the law and doctors must ensure that their conduct justifies patient’s trust in them, in the public and in the profession. A criminal conviction for perverting the course of justice undermines that trust. The Tribunal determined that Dr Yaqub had therefore breached fundamental tenets of the profession.

49. When considering whether Dr Yaqub’s conviction could be remediated, the Tribunal was of the view that a conviction for perverting the course of justice could never be completely remediated as it is there against the doctor’s name forever. It did consider however that the context of the circumstances surrounding the conviction and the level of a doctor’s insight into their actions was an important factor to consider.

50. The Tribunal again noted the sentencing remarks of the Judge in the criminal case in that they said Dr Yaqub was a ‘fool’, that the allegations were made against him by Miss A were untrue, and that had he let the investigation take its natural course, he would not have been charged. The Judge also identified that Dr Yaqub’s contact with Miss A were requests and not threats, and that they did not have the desired effect in any event.

51. Dr Yaqub did not seek to make excuses for his breach of the bail conditions, and he openly admitted his mistakes. He made a genuine expression of apology, regret and remorse for his actions.

52. Dr Yaqub has taken steps to put in place safeguarding measures through counselling with a psychologist and support from friends, colleagues and through the Trust.

53. The Tribunal was satisfied that Dr Yaqub had sufficient insight into his actions that if he were ever in similar circumstances in the future, he would not act in the same way again and that the risk of any repetition was unlikely.

54. When considering current impairment and the approach set out by Dame Janet Smith in the Fifth Shipman Report, the Tribunal determined that limbs b and c were engaged in this case. Namely, Dr Yaqub has in the past brought the medical profession into disrepute; and has in the past breached one of the fundamental tenets of the medical profession.

55. Dr Yaqub's contact with Miss A over a relatively short period, with nine telephone calls, whilst under bail conditions not to contact her, were persistent albeit non-threatening.

56. The Tribunal determined that a reasonable and properly informed member of the public would be shocked and surprised if a doctor who had been convicted for perverting the course of justice, receiving a custodial sentence of 4 months, suspended for 18 months, with the term of the suspended sentence was not yet spent, had been found not to be impaired.

57. The Tribunal determined that public confidence in the profession and the regulator would be seriously undermined if a finding of impaired fitness to practise was not made. The Tribunal, therefore, concluded that a finding of impaired fitness to practise was required in order to promote and maintain public confidence in the medical profession and to promote and maintain proper professional standards and conduct for the members of the profession.

58. Accordingly, the Tribunal therefore determined that Dr Yaqub's fitness to practise is currently impaired by reason of his conviction.

Determination on Sanction - 17/05/2024

59. Having determined that Dr Yaqub's fitness to practise is impaired by reason of misconduct, 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

60. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction. In addition, the Tribunal received further documentary evidence on behalf of Dr Yaqub. This included 360 Patient Feedback (May 2024); 360 Colleague Feedback; a testimonial email from Dr I, Consultant

Rheumatologist at the Royal Derby Hospital, dated 10 May 2024; a witness statement from Dr I, dated 15 May 2024, and Dr I also provided oral evidence.

Submissions on behalf of the GMC

61. In summary, Ms Khan submitted that in this case suspension, and nothing less than suspension would be sufficient to meet the overarching objective, specifically to maintain public confidence in the profession and to uphold proper standards for members of the profession. She said that Dr Yaqub has breached a fundamental tenant of the medical profession, in particular paragraphs 1 and 65 of Good Medical Practice, by committing a series of acts with the intention to pervert the course of justice resulting in a period of imprisonment, suspended for 18 months. Ms Khan reminded the Tribunal that Dr Yaqub was still subject to his suspended sentence until next month.

62. Ms Khan referred the Tribunal to the relevant paragraphs of the Sanctions Guidance (5 February 2024) ('the SG'), in particular paragraph 56 which states that; 'Tribunals are also likely to take more serious action where certain conduct arises in a doctor's personal life, such as (a) issues relating to probity, i.e being honest and trustworthy and acting with integrity'. She reminded the Tribunal of its finding at Stage 2 in which it determined that a criminal conviction for perverting the course of justice undermines trust, and, she said, that it therefore follows that Dr Yaqub has failed to act with integrity. She submitted that it was particularly relevant that Dr Yaqub was currently still the subject of the operational period of his suspended sentence of imprisonment.

63. Ms Khan submitted that the SG sets out that, as a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence. She referred the Tribunal to the case of *Council for the Regulation of Healthcare Professionals v GDC and Fleischmann [2005] EWHC 87* and the principles outlined in that case, that a practitioner who has been convicted of a serious criminal offence should not be permitted to resume practice until they have satisfactorily completed their sentence. She submitted that in order for public confidence in the profession to be maintained, the operational period of the suspended sentence of 18 months was more important than the 4 month period. She said this was because the 4 month period may be triggered at any point during the 18 month operational period.

64. Ms Khan reminded the Tribunal that the reputation of the profession as a whole was more important than the interests of any individual doctor. She submitted that the Tribunal should attach little weight to the risk of Dr Yaqub losing his training number if he were to be suspended, as that risk was the opinion given by an individual who admitted he had no

knowledge of the Deanery decision making process; that the decision making process of the Deanery was discretionary; that the risk of a suspension increasing the risk of the training number being withdrawn was not something that could be prejudged; and, even if such a risk existed, it was the reputation of the profession as a whole which takes precedence, not the interests of the doctor or the interests of his employing Trust. Ms Khan submitted that once the Tribunal has determined that a certain sanction was necessary to protect the public and was therefore the minimum action required to do so, that sanction must be imposed, even where it may lead to difficulties for a doctor. She submitted that suspension was necessary in this case.

65. Ms Khan submitted that there were two aggravating factors, that Dr Yaqub's criminal conduct was a breach of a fundamental tenant of the medical profession, and the conduct underlying the offence was persistent. In respect of mitigation, Ms Khan said whilst the Tribunal might find that there is much about personal mitigation, especially when considering the wider circumstances leading up to the incidents underlying the offence and the stress that the doctor says he was under at the time, in relation to his exam and his friend with XXX staying with him at the time of his arrest, the Tribunal may justifiably have a lot of sympathy for the doctor. She said however, that in respect of mitigation, the SG refers to there being evidence that the doctor fully understands the problem and has sufficient insight. Ms Khan submitted that there was a failure on Dr Yaqub's part to fully address the impact of his actions on others, the public confidence and the need to uphold proper professional standards. She submitted that Dr Yaqub has demonstrated developing insight, but insight which was sufficient to make any risk of repetition unlikely, in accordance with the Tribunal's own finding.

66. Ms Khan referred the Tribunal at length to Dr Yaqub's witness statement and oral evidence in respect of his insight and reflection. She submitted that there was a glaring omission in Dr Yaqub's evidence of a sincere account of his conduct explaining why he made the phone calls, why he said what he said during the phone calls, and why he persisted in his contact in a way where there was a firm acceptance of responsibility. She reiterated that there was evidence of developing insight which was not yet fully complete.

67. Ms Khan submitted that in cross examination Dr Yaqub was asked whether he thought that his conduct was justified because the allegations were untrue, he responded stating that he took full responsibility and that his intention was not bad. Ms Khan said that this was of some concern as given Dr Yaqub pleaded guilty and has been convicted of the offence of committing a series of acts with the intention to pervert the course of justice, there is no escaping the fact that the intention behind the contact with Miss A was to pervert the course of justice and that cannot be described as an intention which was not bad. She said that Dr Yaqub's response suggests that he did not appear to grasp the gravity of his

actions nor of the offence he committed, and therefore he does not yet have full insight into the need to meet the overarching objective of maintaining proper professional standards and upholding public confidence in the profession.

68. Ms Khan submitted that when asked what lesson he had learnt, Dr Yaqub focused more on the fact that he had increased the support around him. She said that there appeared to be some disconnect between the conviction and the learning and that it was unclear how asking for support might have prevented him from making persistent contact with the intention of perverting the course of justice. Ms Khan said that this suggested deficient reflection and learning, and that one of the lessons learnt ought to have been the need to improve his judgment at times of extreme stress. She said that Dr Yaqub's reflection appeared to be focused on XXX rather than the public confidence in the profession and maintaining proper standards of conduct.

69. Ms Khan submitted that following a finding of impairment, taking no action would only be appropriate in exceptional circumstances. She said that the SG states mitigation alone, including the doctor's level of insight and remediation, was unlikely to justify a Tribunal taking no action, and exceptional circumstances were unusual, special or uncommon, so such cases were likely to be very rare. She said in this case there was nothing unusual, special or uncommon. Ms Khan said the fact that Dr Yaqub may himself have been the victim of a campaign of harassment or revenge porn, that these were not exceptional circumstances, rather points of mitigation. She also said that evidence of clinical competence cannot mitigate the seriousness of the conviction and the conduct underlying that conviction, nor can clinical competence amount to an exceptional circumstance. Ms Khan submitted that given the gravity of the conviction, the underlying facts that led to Dr Yaqub's conviction and the absence of any exceptional circumstances, taking no action was neither appropriate, proportionate, nor was it in the public interest.

70. Ms Khan referred the Tribunal to the relevant paragraphs of the SG in respect of imposing conditions. She submitted that the basic grounds for imposing conditions as set out in the SG do not apply in this case. She said that with Dr Yaqub having been convicted of a serious criminal offence, conditions in these particular circumstances would not meet the GMC's overarching statutory objective. She invited the Tribunal to determine that conditions would not be an appropriate or proportionate sanction in this case.

71. Ms Khan then referred the Tribunal to the relevant paragraphs of the SG in respect of suspension. She submitted that when the circumstances of Dr Yaqub's offending is considered as a whole, this was not a case where his actions are fundamentally incompatible with continued registration. She submitted that the SG sets out suspension may be appropriate; where there has been acknowledgement of fault, and Dr Yaqub pleaded guilty;

where the Tribunal is satisfied that the behaviour or incident was unlikely to be repeated. She submitted that the followings paragraphs were engaged in this case:

“97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.

- a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.*
- ...*
- e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor’s unwillingness to engage.*
- f No evidence of repetition of similar behaviour since incident.*
- g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.”*

72. Ms Khan submitted that balancing the mitigation in this case against the nature and seriousness of the conviction, and the circumstances in which the offence came to be committed, the Tribunal ought to determine that suspension would properly mark the seriousness of the conviction and would appropriately protect the public interest and uphold and maintain professional standards in the medical profession. She submitted that a period of suspension would send a clear message to the public, the medical profession and the doctor that this type of behaviour which led to him appearing in the Crown Court was not acceptable. She invited the Tribunal to have regard to her observations about Dr Yaqub’s reflection and insight, lacking such that it could not be regarded as full or complete. Ms Khan submitted that there was a need for a period of further reflection so that Dr Yaqub could develop his insight and that a review would present him that opportunity.

Submissions on behalf of Dr Yaqub

73. Mr Brassington submitted that, in response to the submission of Ms Khan, the Tribunal has already determined that it was satisfied Dr Yaqub had sufficient insight into his actions that if he were ever in similar circumstances in the future, he would not act in the same way again, and that the risk of any repetition was unlikely. He said that to invite further work to be done was nothing short of punishment for this practitioner and that was not the

purpose of this Tribunal, rather to protect patients and the public interest. Mr Brassington said that in her submission, Ms Khan said Dr Yaqub never acknowledged what it is he was actually pleading guilty for, he said that this was never put to Dr Yaqub and that was a completely unfair submission. Mr Brassington reminded the Tribunal that Dr Yaqub pleaded guilty to perverting the course of justice and that the guilty plea was on the basis that he was asking Miss A to drop her false and vexatious allegations. He also rejected the submission of the GMC that Dr Yaqub's witness statement was somehow a superficial rehearsal of what occurred and explanation as to why he did what he did. He said that Dr Yaqub's witness statement was not superficial in any way, rather that it went to great length to explain why Dr Yaqub did what he did, how he had been brought to the brink at the time he lost judgment and reason and undertook those criminal acts. Mr Brassington submitted that the suggestion by the GMC that Dr Yaqub does not have sufficient insight was utterly baseless and flies against the determination that this Tribunal has made.

74. Mr Brassington referred the Tribunal to the SG when considering what sanction to impose. He reminded the Tribunal that there was no risk to patients in this case. He invited the Tribunal to consider that the fact of Dr Yaqub's conviction, these fitness to practice proceedings and the finding of impairment, go some or all the way to maintaining public confidence in the profession and promoting and maintaining proper standards of conduct and behaviour. He said that proportionality governs the Tribunal's decision and that it is required to settle upon an appropriate sanction having regard to the overarching objective.

75. Mr Brassington reminded the Tribunal that the public interest was a two way street and the purpose of calling evidence from Dr I was to provide the Tribunal with the impact potentially of a suspension upon Dr Yaqub's training number and that this was important when it came to the Tribunal's analysis of where the balance lies. He invited the Tribunal to consider the impact upon patients and the public which was relevant to the public interest. He said that he did not need to remind the Tribunal of the dire state of medical services in this country, in particular localities, and in particular specialities.

76. Mr Brassington said that Dr I provided a frank and honest analysis about impact upon the service of losing Dr Yaqub, that it would be significant. Mr Brassington said that this was not personal mitigation, rather something the Tribunal must consider when balancing the overarching objective and the public interest. He reminded the Tribunal that Dr I said that on the last occasion when Dr Yaqub was not able to work that it had a significant impact upon their service. Further, that the impact of that led to an increase in waiting times for that locality and causing the staff difficulties which increased stress levels for all members of the department.

77. Mr Brassington said when Dr I was asked about what provision was made for the loss of Dr Yaqub, he said how impossible that was. He said Dr I told the Tribunal that it would have a significant impact upon the service if Dr Yaqub loses his training number, that he will be unable to continue in his role training to become a consultant and the NHS will lose the 9 years of training that Dr Yaqub has undertaken, and he will not become a consultant. Mr Brassington said that must be something that feeds into the public interest.

78. Mr Brassington reminded the Tribunal that a reasonable well-informed member of the public looking at this case would see that Dr Yaqub was taken to the brink and was the subject of multiple and a twin attack by two individuals who told repeated lies about him; reported him to the police for fictitious offences; reported him to the Home Office and suggested that he was illegally in the country and identifying him as a member of a prescribed terrorist organisation; who made a Facebook page containing revenge porn which was displayed at around the world and sent to his family in Pakistan; linked that fake Facebook page to Derby hospital for which he was arrested, interviewed and faced prosecution and imprisonment upon conviction. Mr Brassington submitted that a reasonable well informed member of the public might think that in those circumstances to then go on and deprive them of his skill and his ability, damaging the service offered by the rheumatology department in Derby Hospital as a consequence of his stupidity, that the GMC was not attempting to protect the public interest, rather it was attempting to punish Dr Yaqub, an otherwise excellent and useful doctor. He also referred the Tribunal to Dr Yaqub's 360 colleague and patient feedback.

79. When considering the mitigating features, Mr Brassington said that Dr Yaqub has insight, has made admissions and pleaded guilty at the Crown Court. He said that Dr Yaqub has offered his apology and was adhering to all the other principles of GMP. Mr Brassington invited the Tribunal to have regard to the circumstances leading up to the incident, Dr Yaqub's personal and professional stressors that he was under at that time. And that he has been open, honest and transparent throughout. When considering any aggravating features in this case, Mr Brassington said that there were none. He referred to the submission of Ms Khan in which she submitted that Dr Yaqub had breached a fundamental tenet of GMP, he said that he was not sure that that could properly be described as an aggravating feature. As to the fact that Dr Yaqub's calls to Miss A were persistent, Mr Brassington said that this was a matter for the Tribunal. He reminded the Tribunal that these were 9 calls over a short period of time and when reading the transcript of the calls it was clear how desperate Dr Yaqub was and that they were non-threatening.

80. Mr Brassington submitted that the impact of a suspension would be that Dr Yaqub would lose his training number. He acknowledged that there was the option to appeal against that removal, but that the guidance is directive that one will lose their training number if

suspended by the GMC. He reminded the Tribunal that the postgraduate Dean has been aware of Dr Yaqub’s conviction and this case, and Dr Yaqub remains on the training program, but that the issue of suspension is not one which is a matter of discretion.

81. Mr Brassington submitted that it was a matter entirely for the Tribunal to take no further action. He said that it was not unheard of but that it was a matter of the Tribunal’s judgment as to whether or not the circumstances of this case could be regarded as exceptional. He submitted however that the more realistic alternative was one of conditional registration. Mr Brassington submitted that conditional registration would not automatically lead to the removal of Dr Yaqub’s training number as long as that conditional registration would not impede continued training. He invited the Tribunal to consider a period of conditions for a relatively short period of time to cover the outstanding time left on the suspended sentence. He said that those conditions could include; reporting and producing further reflections, if the Tribunal consider further reflections were required; notification to the GMC of any employment; and, imposition of a supervisor.

82. Mr Brassington submitted that if the Tribunal were against him in that regard and that the only appropriate thing to do was impose a period of suspension, he invited the Tribunal to make it as short as possible and to only run to the conclusion of the suspended sentence, which is in just over a month. He submitted that it would of course mark the seriousness of what has happened, send out the message, if it needed to be sent further and wider than the finding of impairment, to the profession and the public at large that this is behaviour which was unacceptable. He said that this would perhaps allow Dr Yaqub to return to useful work within the department at Derby.

Further observations

83. Following the conclusion of the Stage 3 submissions, and prior to the Legally Qualified Chair’s legal advice, the Legally Qualified Chair drew the attention of parties to the recent case of the *General Dental Council v Patel [2024] EWHC 243 (Admin)*, as she said it addressed matters dealt with in the approach in *Fleischmann*, and the public interest. The Tribunal invited parties to consider the case of *Patel* and make any observations on that case.

Observations on behalf of Dr Yaqub

84. In summary, Mr Brassington said that the case of *Patel* strengthens his submission, he referred to paragraph 19 of the authority in which the learned Judge set out:

“...in my view, that Fleischmann cannot be applied as if it were a rule; both it and the “general principle” derived from it in the GDC Guidance must bend to the overarching

requirement to impose a sanction which is just, proportionate and only that which is necessary to maintain public confidence.”

He said that this supported his submission as *Fleischmann* was not a rule to be applied. He said that what was important was the ability of any regulatory Tribunal to bend or bow to the particular circumstances of any case and there was no one size fits all for each case.

85. Mr Brassington said that the facts in *Patel* were more serious than those of the case of Dr Mr Yaqub, as *Patel* was a case of death by dangerous driving, and Mr Patel had two previous convictions for driving at excessive speed so the factual matrix in terms of the seriousness of the approach of the Crown Court, is completely different. In respect of the determination made by the Committee of the GDC, which formed the basis of the appeal by the PSA, Mr Brassington said that it was important to understand how they came to the judgment upon the reading of that authority and that *Fleishmann* did not apply should not be followed in this particular case.

Observations on behalf of the GMC

86. In summary, Ms Khan referred the Tribunal to the concluding remarks in the judgement in which the High Court Judge said that *“An offence which results in a sentence of imprisonment whether immediate or suspended should normally be regarded as a serious criminal offence for the purpose of the guidance...suspension from practice... was the starting point.”*. Ms Khan said that in accordance with *Fleischmann*, the GDC guidance, and in this case the SG.

87. Ms Khan reiterated her earlier submission that a practitioner would not usually be able to return to unrestricted practice while still serving their sentence and that ultimately it was deemed necessary to follow that principle. She said that in this case there was a sentence of imprisonment that was suspended and that should normally be enough to be regarded as a serious criminal offence. She said that in *Patel* the High Court Judge did go on to apply *Fleishmann* as well as the GDC guidance. When considering whether it was necessary to consider if there were circumstances plainly justifying a different course, she said that there was nothing in this case exceptional and no circumstances which would justify taking a different course.

The Tribunal’s Determination on Sanction

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

89. In reaching its decision, the Tribunal has taken account of the SG and of the overarching objective. It has borne in mind that the purpose of the sanctions is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.

90. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal alone, exercising its own judgement. In reaching its decision, the Tribunal has taken GMP and the SG into account and has, at all times, borne in mind the overarching objective.

91. The Tribunal reminded itself that the main reason for imposing any sanction is to protect the public and that sanctions are not imposed to punish doctors, even though they may have a punitive effect. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Yaqub's interests with the public interest.

Aggravating and mitigating factors

92. Dr Yaqub made nine telephone calls to Miss A from 24 June 2022 to 3 July 2022, these were made when he was subject to bail conditions requiring non-contact of Miss A either directly or indirectly. Further he had been asked by Miss A to stop contacting her on numerous occasions during those telephone calls. The Tribunal was of the view that the persistent nature, albeit over a short period of time, of Dr Yaqub's numerous telephone calls requesting Miss A to retract her complaint or statement from the police, was an aggravating factor.

93. The Tribunal did not consider, as submitted by Ms Khan, that the engagement of paragraphs 1 and 65 of GMP amounting to a fundamental breach of the medical profession qualified as an aggravating factor. It was a finding by the Tribunal which it would take into account when determining what sanction, if any, to impose.

94. The Tribunal considered that the mitigating factors were that Dr Yaqub made admissions early and he pleaded guilty during the criminal proceedings. He also demonstrated an understanding of the effect his actions had on Miss A and made an attempt at an apology. Dr Yaqub's telephone calls to Miss A, whilst persistent, were non-threatening. He has been open, honest and transparent and was otherwise of good character. Dr Yaqub has no previous adverse regulatory history. He has made genuine expressions of regret, remorse and apology and said that he would regret his actions for the rest of his life. Dr Yaqub has now put in place a support and safeguarding system in place to stop this from ever happening again.

95. Dr Yaqub has demonstrated that he has sufficient insight into the circumstances that led up to his conviction, those circumstances included being subjected to 2 years of harassment by both Miss A and Miss B, with vexatious and false claims made about him. The Tribunal accepted that it had been a difficult time for Dr Yaqub as set out by Mr Brassington that Dr Yaqub was taken to the brink and was the subject of multiple and a twin attack by two individuals who told repeated lies about him; reported him to the police for fictitious offences; reported him to the Home Office and suggested that he was illegally in the country; reported him to the Home Office identifying him as a member of a prescribed terrorist organisation; who made a Facebook page containing revenge porn which was displayed at around the world and sent to his family in Pakistan; linked that fake Facebook page to Derby hospital for which he was arrested, interviewed and faced prosecution and imprisonment upon conviction. The Tribunal gave particular weight to Dr Yaqub's personal mitigation. However, it balanced this against the fact that his actions resulted in a conviction for perverting the course of justice resulting in a custodial sentence of 4 months, albeit suspended for 18 months.

96. Before going on to determine what action, if any, to take. The Tribunal recognised that Dr Yaqub is a competent doctor and is an asset to the Royal Derby Hospital. It noted that when he was a loss to the Trust when he was previously dismissed following his conviction and he has since been reinstated at that Trust.

No action

97. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Yaqub's case, the Tribunal first considered whether to conclude the case by taking no action. The Tribunal had particular regard to the paragraphs of the SG in respect of taking no action. It considered that in order to take no action there would need to be present exceptional circumstances which the SG sets out are identified as unusual, special or uncommon. It noted that such cases are rare and if it decided to take no action, its reasoning needed to clearly explain what the exceptional circumstances are; why the circumstances are exceptional; and how the exceptional circumstances justify taking no further action.

98. The Tribunal recognised the particular background circumstances in this case and Dr Yaqub's personal mitigation in that respect. He had been subject to two years of harassment and vexatious false claims. The Tribunal considered whether these particular circumstances as have previously been set out could amount to exceptional circumstances. It acknowledged it had been a difficult period of time for Dr Yaqub and that he had been under stress. The Tribunal was however of the view that whilst these were very difficult circumstances which Dr Yaqub found himself in, they were not exceptional circumstances to justify taking no

action and would not protect the public interest when there had been a serious criminal conviction.

99. The Tribunal considered the issue of Dr Yaqub losing his training number but did not find that this amounted to exceptional circumstances as the Tribunal had to consider the public interest which, in this case, outweighed the doctor's individual situation.

100. The Tribunal was not satisfied that a finding of impairment alone was sufficient to mark the seriousness of the conviction and send a message out to the doctor, the public and the wider profession that perverting the course of justice was unacceptable.

101. The Tribunal therefore determined that taking no action would undermine the need to uphold the overarching objective in maintaining public confidence in the profession and proper professional standards.

Conditions

102. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Yaqub's registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

103. The Tribunal had particular regard to paragraphs 81 and 82 of the SG:

“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.*

82 Conditions are likely to be workable where:

- a the doctor has insight*
- b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings*
- c the tribunal is satisfied the doctor will comply with them*

d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.”

104. Whilst the Tribunal noted that conditions were likely to be workable where the doctor has insight (82a), and Dr Yaqub has sufficient insight, it considered that none of these other factors in paragraphs 81 and 82 were engaged in this case.

105. The Tribunal considered whether a period of conditional registration requiring Dr Yaqub to be subject to reporting; producing further reflections; notification to the GMC of any employment and the imposition of a supervisor; as submitted by Mr Brassington, would be sufficient to meet the public interest in this case.

106. The Tribunal could not identify any cogent reasons as to how a period of conditional registration would address the public interest in this case. It considered that a reasonable well-informed member of the public looking at all the circumstances of this case would not consider that a period of conditional registration would uphold the public interest in this case where a doctor has been convicted of perverting the course of justice and received a custodial sentence, albeit suspended.

107. The Tribunal, having regard to the seriousness of Dr Yaqub’s conviction, determined that it was unable to formulate any workable or appropriate conditions that would adequately address the need to maintain public confidence and uphold proper professional standards and conduct for the members of the profession. The Tribunal determined that the imposition of conditions would not be proportionate or sufficient to meet the public interest concerns.

Suspension

108. The Tribunal then went on to consider whether suspending Dr Yaqub’s registration would be appropriate and proportionate.

109. The Tribunal also had regard to the SG in respect of suspension and in particular paragraphs 91, and 92 which it was satisfied were engaged in this case:

“91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.

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.”*

110. The Tribunal was also satisfied that Dr Yaqub’s conviction, whilst serious, was not incompatible with continued registration. It also considered paragraphs 97 a, e, f and g of the SG engaged in this case:

“97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.

a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.

...

e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor’s unwillingness to engage.

f No evidence of repetition of similar behaviour since incident.

g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.”

111. The Tribunal also had regard to paragraph 119 of the SG which states:

“119 As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.”

112. The Tribunal noted that this is the approach as set out in the case of *Fleischmann* as referred to by Ms Khan. It noted that this was an ‘approach’ and not law. Dr Yaqub’s 18 month suspended sentence remains unspent until around 21 June 2024.

113. Before determining whether a period of suspension was sufficient to mark the seriousness of Dr Yaqub’s conviction, it considered where erasure was the appropriate and

proportionate sanction. It had regard to the relevant paragraphs of the SG, in particular 108 which states:

“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.”

114. The Tribunal considered that paragraph 108 was not engaged in the circumstances of this case.

115. The Tribunal noted that erasure may be appropriate in cases where there has been a particularly serious departure from the principles set out in GMP where the behaviour is difficult to remediate, which was engaged in this case. But also where there has been a deliberate or reckless disregard for the principles set out in GMP and/or patient safety, which it was satisfied was not engaged in this case. It has already decided that, in any event, that Dr Yaqub’s conviction was not fundamentally incompatible with continued registration.

116. The Tribunal therefore determine that a period of suspension was the appropriate and proportionate response to mark the seriousness of Dr Yaqub’s conviction and address the public interest in this case by uphold the need

117. In all the circumstances, the Tribunal therefore determined to impose a period of suspension on Dr Yaqub’s registration. It was of the view that suspension would send out a clear signal to Dr Yaqub, the profession and the public about what is regarded as behaviour unbecoming a registered doctor. The Tribunal concluded that a period of suspension was necessary in order to promote and maintain public confidence in the medical profession and to promote and maintain proper professional standards and conduct for the members of the profession.

118. The Tribunal recognised the difficulties faced by Dr Yaqub, as set out before, that it had contributed to the offence of perverting the course of justice. However, the Tribunal recognised that in law it was a serious offence justifying custody. The Tribunal has accepted the difficulties experienced by Dr Yaqub and in the circumstances considered that a period of 2 months suspension was the appropriate response.

119. The Tribunal therefore determined that a period of 2 months suspension was the appropriate and proportionate response in this case as it would mark the seriousness of Dr Yaqub’s conviction whilst meeting the public interest.

120. The Tribunal was satisfied that a review hearing was not necessary in this case as it concluded that the public interest would be met upon the expiration of the suspension without the need for a review given Dr Yaqub's sufficient level of insight and remediation, the unlikely risk of repetition. The Tribunal took the view that a review hearing would serve no useful purpose and it considered that Dr Yaqub would be safe to return to unrestricted practice at the end of the period of suspension.

Determination on Immediate Order - 17/05/2024

121. Having determined to suspend Dr Yaqub's registration, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Yaqub's registration should be subject to an immediate order.

Submissions

122. On behalf of the GMC, Ms Khan submitted that it was necessary in this case to make an immediate order in light of the Tribunal's findings, where the Tribunal has determined that suspension was required in order to promote and maintain public confidence in the medical profession; and to promote and maintain proper professional standards and conduct for the members of the profession. She submitted that an immediate order was also necessary in line with the guidance provided in *Fleischmann*, which the Tribunal has already had regard to. She submitted that public confidence in the medical profession would be undermined if the doctor was allowed to practise unrestricted until the substantive direction takes effect or pending any appeal, and that an immediate order was required pursuant to the overarching objective.

123. On behalf of Dr Yaqub, Mr Brassington submitted that an immediate order is neither necessary nor desirable in the public interest. He said that Dr Yaqub represents no risk whatsoever to any patient or any member of the public. He submitted that an immediate order was not necessary to protect patients and would do nothing to promote confidence in the profession as the Tribunal has already fulfilled its statutory duty by imposing a suspension of two months. He said that it would be wholly unnecessary and disproportionate to impose a further month suspension upon this doctor.

The Tribunal's Determination

124. In reaching its decision, the Tribunal has exercised its own judgement and has taken account of the principle of proportionality. The Tribunal has borne in mind that it may impose an immediate order where it is satisfied that it is necessary for the protection of members of the public or is otherwise in the public interest or is in the best interests of the practitioner. It has also considered the guidance given in paragraphs 172, 173 and 178 of the SG relating to immediate orders.

“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 in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor’s special position of trust, or 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.”

125. The Tribunal had regard to its previous determinations and the submissions made by Ms Khan and Mr Brassington.

126. The Tribunal considered that it had marked the approach in *Fleischmann* with its substantive sanction of suspension. It determined that it was not necessary to impose an immediate order to protect members of the public, it is not in the public interest, and it is not in the best interests of the doctor. The Tribunal was conscious of the seriousness of the conviction but determined that this was adequately addressed by the substantive decision of suspension and that the imposition of an immediate order would be disproportionate in this case.

127. In all the circumstances, the Tribunal determined not to impose an immediate order of suspension on Dr Yaqub's registration.

128. This means that Dr Yaqub's registration will be suspended from the Medical Register 28 days from the date on which written notification of this decision is deemed to have been served, unless he lodges an appeal. If Dr Yaqub does lodge an appeal, he will remain free to practise unrestricted until the outcome of any appeal is known.

129. The Interim order of conditions imposed on Dr Yaqub's registration is revoked with immediate effect.

130. Case concluded.