PUBLIC RECORD

Dates: 31/07/2026

Doctor:	Dr Shahmeen RASUL
GMC reference number:	7836122
Primary medical qualification:	MB BS 2021 St George's Hospital Medical School

Type of case
Review - Misconduct

Outcome on impairment
Not impaired

Summary of outcome
Suspension to expire

Tribunal:

Legally Qualified Chair	Mr Phil Rostant
Registrant Tribunal Member:	Dr Gary McCormack
Registrant Tribunal Member:	Dr Janet Nicholls

Tribunal Clerk:	Mrs Rachel Horkin

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Rani Kaur, Counsel, instructed by MDS.
GMC Representative:	Ms Jolene Charalambous, 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.

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Impairment - 31/07/2026

1. Parts of this hearing were heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules). This determination will be handed down in private due to the confidential nature of matters under consideration. However, as this case concerns Dr Rasul's misconduct, a redacted version will be published at the close of the hearing.

2. At this review hearing the Tribunal has to decide, in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004 as amended ('the Rules'), whether Dr Rasul's fitness to practise remains impaired by reason of misconduct.

Background

3. Dr Rasul qualified in 2021. Prior to the events which are the subject of the hearing, Dr Rasul completed Foundation Year 1 training at Frimley Health NHS Foundation Trust and Foundation Year 2 training at Oxford University Hospitals NHS Foundation Trust. During this time, she undertook rotations including medicine, cardiology, general surgery, trauma and orthopaedics, and paediatric surgery, and also completed an academic public health placement. She subsequently worked as a Senior House Officer in Accident and Emergency and in a range of medical and surgical posts across NHS trusts in the United Kingdom.

4. The facts found proved at Dr Rasul's hearing which took place in April 2026 ('the April Tribunal') were as follows: between April 2024 to May 2024 Dr Rasul was working as a Foundation Year 2 doctor at Royal Victoria Hospital. On 17 May 2024, as part of her application for registration with NC Healthcare, a locum agency, she submitted a reference form ('the form') to NC Healthcare. Dr Rasul completed and signed the form in the name of

Dr A when she knew that Dr A did not agree for her to do that. The April Tribunal found that her conduct was dishonest.

5. The April Tribunal determined that the misconduct presented a medium level of risk and that all three limbs of public protection were engaged in this case. Accordingly, the April Tribunal determined that Dr Rasul's fitness to practise was impaired by reason of misconduct.

6. The April Tribunal determined that the imposition of a 3 month order of suspension recognised the seriousness of the misconduct, addressed the level of risk, and upheld the wider public interest.

7. The April Tribunal directed a review and determined that a review hearing would consider:

- Evidence of her remediation;
- Evidence of her development of insight;
- Evidence of ongoing professional development and that she has kept her knowledge and skills up to date;
- Any other information that she considers will assist the Review Tribunal.

The Evidence

8. The Tribunal has taken into account all the evidence received.

9. Dr Rasul provided her own witness statements dated 29 July 2026 and 30 June 2026.

10. The Tribunal received documents including:

- A Professional Boundaries Course Certificate dated 18 June 2026 and Dr Rasul's reflections on the same;
- XXX;
- A list of ongoing academic activities;
- A letter of support from Dr B, Honorary Professor in Trauma & Orthopaedic Surgery, Wolverhampton University, dated 26 June 2026;
- A letter of apology to Dr A;
- XXX;
- XXX;

- A Performance Evaluation Report from Pakistan Institute of Medical Sciences dated 25 July 2026;
- Certificate of appreciation from the Sunshine Gharana Foundation dated 24 July 2026;
- A letter from the British Elbow & Shoulder Society thanking Dr Rasul for presenting her paper Postero-lateral Elbow Impingement as an Under-Recognised Cause of Refractory Lateral Elbow Pain dated 20 July 2026.

Submissions

On behalf of the GMC

11. On behalf of the GMC, Ms Jolene Charalambous, Counsel, informed the Tribunal that the GMC takes a neutral view and had no positive submissions as to impairment.

On behalf of Dr Rasul

12. On behalf of Dr Rasul, Ms Rani Kaur, Counsel, asked that the Tribunal determines that Dr Rasul is no longer impaired. Ms Kaur informed the Tribunal that Dr Rasul accepts, in full, the conduct for which she was suspended. XXX.

13. Ms Kaur advised that Dr Rasul has undertaken meaningful work that would assist her throughout the rest of her professional career. Ms Kaur stated that Dr Rasul has undergone an extensive revision course in preparation for an examination for the membership of the Royal College of Surgeons in September and, Ms Kaur submitted, that is the best work Dr Rasul could do in keeping her knowledge and skills up to date.

14. Ms Kaur submitted that Dr Rasul is in a different position to the one she was in at the conclusion of the last substantive hearing. Her insight is genuine and such that the medium level of risk identified at the last hearing no longer exists. Ms Kaur submitted that the Tribunal can safely conclude that the risk profile identified has reduced so significantly that Dr Rasul is no longer impaired.

The Relevant Legal Principles

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

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

16. This Tribunal must determine whether Dr Rasul's fitness to practise is impaired today, taking into account her conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

The Tribunal's Determination on Impairment

Misconduct

17. The Tribunal considered whether Dr Rasul poses any current and ongoing risk to public protection and if her fitness to practise remains impaired by reason of her misconduct.

Step 1a: consider what has happened since the previous MPT's decision

What was the April Tribunal's assessment of risk to public protection and the reasons given for it?

18. The Tribunal had regard to the determination of the April Tribunal including its finding that Dr Rasul posed a current and ongoing risk to public protection at a medium level. The April Tribunal accepted that Dr Rasul was relatively junior in her career and working in a different environment, away from her usual support network. The April Tribunal accepted that Dr Rasul may have been inexperienced and did not fully appreciate the seriousness of her actions at the time.

19. However, the Tribunal determined that it was appropriate to place limited weight on these factors and that Dr Rasul ought to have understood the importance of ensuring that a reference was completed and signed by the appropriate individual.

20. The April Tribunal acknowledged that Dr Rasul had undertaken a range of reflective work and continuing professional development. However, the April Tribunal found that Dr Rasul's insight was developing and remained incomplete. In particular, the April Tribunal noted that she had not fully accepted the dishonest nature of her conduct and, to some extent, Dr Rasul minimised the seriousness of her actions and had not demonstrated a deep

or sustained appreciation of the gravity of completing and signing a document dishonestly in another doctor's name.

What new evidence has been received since the April Tribunal hearing and what impact does it have? and What evidence is there of insight and is Dr Rasul's insight genuine?

21. Dr Rasul has provided further evidence of her remediation, including completing a Probity and Ethics in Practice course on 18 June 2026 and providing reflections on this course. Further, Dr Rasul undertook professional coaching through NHS England XXX and has also provided reflections regarding that. XXX

22. The Tribunal note that the GMC has chosen to take a neutral position and has opted not to test the evidence of Dr Rasul. The Tribunal considered whether it should test the evidence of Dr Rasul but was satisfied that the evidence provided was extensive and supported by evidence of reflection. The Tribunal concluded there was no need test the evidence on insight by questioning.

23. The Tribunal reminded itself that the April Tribunal was concerned that Dr Rasul had not fully developed her insight. However, this Tribunal is satisfied that Dr Rasul has taken all the remediation opportunities available to herself, has fully engaged with them and has reflected on what she has learned.

24. In her statements provided to this Tribunal, Dr Rasul has identified that she had previously minimised the seriousness of her misconduct but she now accepts the April Tribunal's findings in full and takes full responsibility for her misconduct and has reflected on how her misconduct impacted on others, including Dr A and the wider organisations involved. The Tribunal is satisfied that, in her statement Dr Rasul has reflected on the importance of the reference form.

25. In all the circumstances, the Tribunal concluded that Dr Rasul has fully remediated her misconduct and has developed genuine insight into these matters.

What evidence is there relating to remediation, has the Allegation now been remedied or is it still likely to be repeated?

26. In light of its findings regarding remediation and insight, the Tribunal determined that there is a vanishingly small risk of repetition.

Has Dr Rasul kept her knowledge and skills up to date?

27. The Tribunal noted that this was a relatively brief period of suspension but that during that time Dr Rasul completed the Clinical Attachment and Audit Research in Orthopaedic Surgery at the Pakistan Institute of Medical Sciences from 4 July to 25 July 2026, has presented a research paper at the British Elbow & Shoulder Society Annual Scientific Meeting, completed her Postgraduate Certificate in Medical Education, prepared for the Membership of the Royal College of Surgeons examination and has undertaken voluntary educational work and humanitarian service.

28. Consequently, the Tribunal is satisfied that Dr Rasul has kept her clinical knowledge and skills up to date.

Has the risk to public protection that previously required restrictive action in response changed and if so, how?

29. The Tribunal reminded itself that the April Tribunal concluded that Dr Rasul poses a medium risk and that all three limbs of public protection were engaged in this case.

30. Given its finding that there is little or no risk of repetition in this case, the Tribunal determined that there is now no risk to patient safety. Regarding public confidence, the Tribunal was satisfied that, given its findings on insight and remediation a reasonable and properly informed member of the public would not be surprised if Dr Rasul were allowed to return to unrestricted clinical practice and that a finding of impairment is no longer necessary to promote public confidence in the profession. Regarding proper professional standards, the Tribunal is satisfied that the period of suspension imposed was a serious sanction and that a finding of impairment is no longer necessary to promote proper professional standards.

Step 1b: make a finding on impairment

31. The Tribunal determined that there is no current and ongoing risk to public protection. This Tribunal has therefore determined that Dr Rasul's fitness to practise is not now impaired by reason of misconduct.

ANNEX A – 31/07/2026
Application to revoke the current order of suspension

32. Ms Kaur submitted that the suspension should be revoked immediately. Ms Kaur informed the Tribunal that Dr Rasul remains in touch with her training provider and, if the suspension were revoked immediately a position would be open to her which, after a few months, would allow her to return to specialist training.

33. Ms Charalambous made no submissions regarding this matter.

34. The Tribunal acknowledged the submission of Ms Kaur but was satisfied that the current order should expire. The Tribunal reminded itself that this was a short suspension and determined that it may damage public confidence in the profession if it were revoked today.

35. The Tribunal considered that there was nothing in Ms Kaur's submission that suggested that the position would not be available to her at the end of the period of suspension. Subsequently, the currently imposed order of suspension will not be revoked today and shall be allowed to expire.

36. This concludes the case.