

**Dates:** 07/04/2020 & 29/04/2020

**Medical Practitioner's name:** Dr Stephen HIEW

**GMC reference number:** 2852010

**Primary medical qualification:** L LM RCP Irel L LM RCS Irel 1983 RCP & S of Ireland

**Type of case** **Outcome on impairment**

Review - Misconduct

Impaired

**Summary of outcome**

Conditions, 18 months.  
Review hearing directed

**Tribunal:**

|                          |                    |
|--------------------------|--------------------|
| Legally Qualified Chair  | Mr Paul Burns      |
| Lay Tribunal Member:     | Mr Andrew Gell     |
| Medical Tribunal Member: | Dr Helen McCormack |

|                 |                                                                |
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| Tribunal Clerk: | Ms Keely Crabtree – 07/04/2020<br>Ms Lauren Duffy – 29/04/2020 |
|-----------------|----------------------------------------------------------------|

**Attendance and Representation:**

|                       |                             |
|-----------------------|-----------------------------|
| Medical Practitioner: | Present and not represented |
| GMC Representative:   | Ms Amy Rollings, 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.

## **Record of Determinations – Medical Practitioners Tribunal**

### **Overarching Objective**

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

### **Determination on Impairment - 07/04/2020**

1. The Tribunal agreed, in accordance with Rule 41XXX of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), that parts of this hearing should be heard in private where the matters under consideration are confidential, XXX. As such, this determination will be read in private, but a redacted version will be published following the conclusion of this hearing, XXX.
2. The Tribunal has convened to review Dr Hiew's case in accordance with Rule 22 of the Rules. In accordance with Rule 22(1)(f), it first has to decide whether Dr Hiew's fitness to practise is currently impaired by reason of misconduct.

### **Background**

3. Dr Hiew's case was originally considered by a Fitness to Practise Panel in April 2010. It determined that Dr Hiew's failings in regard to his contractual obligations and in the management of a General Practice (GP) Medical Centre, amounted to misconduct and that his fitness to practise was impaired as a result. The 2010 Panel imposed conditions on Dr Hiew's registration for a period of twelve months.
4. Since then Dr Hiew's case has been considered by a number of Fitness to Practise Panels/Medical Practitioners Tribunals. A further period of conditions of 12 months were imposed on 15 April 2011. Further periods of conditions of 18 months were imposed 19 July 2012, and again on 24 January 2014 and 27 July 2015.

### **April 2017 Tribunal**

5. The 2017 Tribunal noted that Dr Hiew had not practised as a GP for over 12 years. Inevitably there had been de-skilling in that period. It concluded that there would be a risk to patient safety if Dr Hiew returned to unrestricted practise, and public confidence in the medical profession would be undermined were the tribunal not to make a finding of impairment. The Tribunal determined that Dr Hiew's fitness to practise remained impaired by reason of his misconduct.

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6. The 2017 Tribunal accepted that Dr Hiew had made efforts to address his misconduct and that he had taken steps to keep his clinical knowledge up to date, as reflected in the CPD he had undertaken. The 2017 Tribunal was satisfied that a period of retraining and supervision would be appropriate. It determined to impose conditions on Dr Hiew's registration for a further period of 18 months.

7. The Tribunal also determined that a reviewing Tribunal may be assisted by Dr Hiew producing the following:

- a report from your clinical supervisor,
- an anonymised copy of your clinical log,
- a copy of your Personal Development Plan ('PDP'),
- a copy of your annual appraisals,
- any other evidence you consider will assist a reviewing Tribunal.

### **Review on the Papers ('ROP') October 2018**

8. Dr Hiew's case was considered on the papers ('RoP') by a Legally Qualified Chair ('LQC') on 8 October 2018. Dr Hiew and the GMC each proposed that Dr Hiew's registration should be subject to a further period of conditions for 18 months.

9. The LQC had regard to the progress made by Dr Hiew since the previous order was reviewed and considered that a further period of conditions for 18 months would enable Dr Hiew to continue retraining.

10. The LQC determined that an extension of the current conditions for a period of 18 months would be proportionate and sufficient to protect the public and the public interest.

11. On 20 November 2018 an Assistant Registrar ('AR') made the decision that a review hearing was necessary. The AR directed that a reviewing Tribunal would need to see objective evidence to assess Dr Hiew's insight and remediation. This could include evidence that Dr Hiew has kept his skills up to date, and that his return to unrestricted practice would not put patient safety at risk.

### **7 March 2020 - The Evidence**

12. The Tribunal took into account all the evidence received, both oral and documentary.

#### Documentary Evidence

13. The Tribunal was provided with a decision that, since the last hearing, an AR had been asked to consider possible breaches of the conditions. Dr Hiew had been

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asked by the GMC to provide a Responsible Officer ('RO') approved PDP by 20 February 2019 to comply with condition 5 (a-d). On 19 February 2019 Dr Hiew had responded and provided a copy of his PDP and appraisal completed by him in August 2018 but with an independent appraiser as he did not have an RO.

14. The AR concluded on 21 February 2019 that although Dr Hiew had not sent the GMC a RO approved PDP to comply with condition 5 (a-d) no formal action was needed. The AR decision detailed GMC guidance, noting that action does not need to be taken when a doctor is not currently employed in a clinical role. Dr Hiew would only be required to send his approved PDP within three months of gaining employment as a doctor.

15. In an email dated 3 April 2020 Dr Hiew provided the GMC with a number of documents including, but not limited to, his Continuing Professional Development Portfolio ('CPD') 2019-2020; colleague feedback; a DBS Certificate; a Medical Indemnity Policy Certificate; his application for the National Performers List and an email acknowledging his application to join the National Performers List.

16. The Tribunal was also provided with a letter dated 4 April 2020 from Dr A, senior GP Partner at Alexandra Surgery. Dr A is Dr Hiew's supervisor. Dr A states that Dr Hiew has engaged himself in many activities at the surgery with enthusiasm and a deep sense of commitment and a desire to learn. Dr A confirmed that Dr Hiew is up to date with current protocols and NICE guidelines on clinical practice, although he is not involved in clinical, face to face contact with patients.

### **Submissions**

17. On behalf of the GMC, Ms Rollings set out the background of the case. She submitted that Dr Hiew's fitness to practise remains impaired by reason of his misconduct. Ms Rollings referred to the overarching objective, including the need to take account of patient safety, the public interest and the need to maintain proper professional standards.

18. Ms Rollings submitted that the GMC had particular concerns in regard to Dr Hiew's knowledge and skills given that he has not practised as a GP for over 13 years. She stated that Dr Hiew has made no proactive attempt to return to clinical work and has failed to take advantage of the opportunities available to him in this period. Ms Rollings submitted that throughout the process Dr Hiew has been more reactive than proactive and has only provided documentation when prompted to do so by the GMC.

19. Ms Rollings referred the Tribunal to Dr Hiew's CPD portfolio and accepted that some of the independent feedback was very good. However, she submitted that Dr Hiew's fitness to practise remains impaired.

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20. Dr Hiew gave oral evidence to the Tribunal which reflected his written submissions. Dr Hiew readily accepted that his fitness to practise remains impaired. He gave the Tribunal a summary of what he has been doing to address his impairment. He apologised for the late submission of documentation, stating that there was no intention on his part to disengage from the GMC process and that recent delays were due to XXX and, in the context of the National Performers' List application, a delay with receipt of documentation caused by a third party insurer.

21. Dr Hiew stated that he has had a clinical attachment at the Alexandra Surgery [the Surgery] since April 2012. He submitted that the Surgery considers itself a learning organisation in that all doctors there supervise each other and that is why he is able to enhance his skills. Dr Hiew confirmed that he had undergone revalidation last year and will do so again in March 2021. He submitted that he has documented his learning in his CPD portfolio which he has provided to the GMC, supervised by an independent organisation. He stated that he is awaiting an appraisal by that independent organisation and that the delays with that have been due to the current national COVID-19 pandemic.

22. Dr Hiew stated that he has tried to maintain and improve his practice. He submitted that he had been much more involved with doctors and colleagues at the Surgery with case-based discussions '(CBD)' in clinical thinking and clinical working challenges, though he acknowledged that he has not carried out any clinical work himself.

23. Dr Hiew provided several detailed examples of his clinical thinking and challenges at the Surgery where he has been involved in resolving issues which have enhanced his experience and learning. Dr Hiew explained how he had learned to look at problems holistically, thinking about the patient as a person and not just looking at the medical problem in isolation.

24. Dr Hiew explained to the Tribunal how XXX have affected his ability to develop and enhance his learning, knowledge and skills and to engage in a timely manner with the GMC. XXX Dr Hiew told the Tribunal that these issues, together with recent administrative delays caused by an insurer, were the cause of recent delays sending in required documents to the GMC, and delays making his application to the GP Medical Performers List.

### **The Relevant Legal Principles**

25. The Tribunal reminded itself that whilst Dr Hiew accepts that his fitness to practise is currently impaired, the decision on current impairment is a matter for the Tribunal's judgement alone. It is for the doctor to demonstrate that he would be safe to return to unrestricted practice.

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26. This Tribunal must determine whether Dr Hiew's fitness to practise is impaired today, taking into account Dr Hiew's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition. Throughout its deliberations, the Tribunal had regard to the overarching objective.

### **The Tribunal's Determination on Impairment**

#### **Misconduct**

27. The Tribunal considered whether Dr Hiew's fitness to practise is currently impaired by reason of misconduct.

28. When considering impairment, the Tribunal bore in mind the statutory overarching objective. The Tribunal considered whether the concerns raised by the previous Panels/Tribunals have been adequately addressed. The Tribunal acknowledged that Dr Hiew's own case is that his fitness to practise is currently impaired.

29. The Tribunal considered whether Dr Hiew has developed insight since his previous review hearing. The Tribunal noted, to his credit, that Dr Hiew acknowledges his misconduct, apologises for his slow action in the past and realistically accepts that his fitness to practise remains impaired. The Tribunal determined that Dr Hiew has developed further insight into his actions since the 2018 review hearing, a point which became clearer in his oral evidence when he was specifically asked questions about his insight by Tribunal Members.

30. The Tribunal accepted that Dr Hiew had a legitimate explanation for very recent delays, but in the Tribunal's judgment the matters advanced by him did not satisfactorily explain the long period after the 2018 Review during which he appeared to have made little progress, and during which time he continued to be reactive rather than proactive. The Tribunal were concerned that this is the seventh review hearing in proceedings which have been ongoing for over ten years. At this stage Dr Hiew has not worked as a GP for over 13 years.

31. The Tribunal bore in mind serious concerns about Dr Hiew becoming de-skilled after such a lengthy period of time away from clinical practise. The Tribunal had regard to the decision of the April 2017 Tribunal, which stated:

*"... The 2015 Panel concluded that at the time there was still a prospect for remediation and a return to practice if you were proactive in applying yourself. However, it noted that as time goes on, the likelihood of remediation would diminish. "*

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32. The Tribunal considered that this aspect of the 2017 Tribunal decision has become more critical than ever before, and that as time goes on the likelihood of the misconduct being remediated would diminish further. It also noted that Dr Hiew acknowledged that the 2017 review hearing found that time and time again he had not made enough effort, yet he remained largely reactive to these proceedings after 2017. The Tribunal considered that Dr Hiew could have undertaken the current outstanding actions a year or more ago. He did not have to wait until prompted by the GMC, or until the period running up to this review hearing.

33. In all the circumstances the Tribunal determined that Dr Hiew could not currently return safely to unrestricted practise and that public confidence in the medical profession would be undermined if the Tribunal did not make a finding of impairment at this stage. Accordingly, the Tribunal determined that in order to adequately protect and promote the health, safety and wellbeing of the public and to promote and maintain public confidence in the medical profession, there must be a finding that Dr Hiew's fitness to practise remains impaired by reason of misconduct.

### **Determination on Sanction - 29/04/2020**

1. This determination contains references to XXX and will be read in private. A redacted version will be published at the close of the hearing.
2. Having determined that Dr Hiew's fitness to practise remains impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 22(h) of the Rules on the appropriate sanction, if any, to impose.

### **The Evidence**

3. The Tribunal has taken into account the background to this matter including the previous Tribunal determinations, the oral and documentary evidence received during the earlier stage of this hearing and the Tribunal's previous determination on impairment, where relevant to reaching a decision on sanction.
4. Dr Hiew gave further oral evidence at this stage of the hearing which the Tribunal has considered when reaching a decision on sanction.

### **Submissions**

5. Ms Rollings submitted that the appropriate sanction in this case was to impose conditions on Dr Hiew's registration. She stated that Dr Hiew is not ready to return to practice without restriction and that conditions are the appropriate sanction to protect the public and to maintain public confidence in the medical profession.
6. Ms Rollings submitted that, since Dr Hiew's initial hearing in April 2010, he has not made proactive attempts to fully remediate his misconduct. She submitted

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that Dr Hiew has made limited progress over the past 10 years and the steps that he has taken to demonstrate remediation have been reactive and made close in time to the review hearings. Turning to the issue of insight, Ms Rollings reminded the Tribunal that, in his evidence at the impairment stage, Dr Hiew made reference to not being prosecuted for fraud. She submitted that that this demonstrated a lack of insight.

7. Ms Rollings invited the Tribunal to following paragraphs of the Sanctions Guidance (November 2019 edition) (SG):

- '52 A doctor is likely to lack insight if they:
- ...
  - b promise to remediate, but fail to take appropriate steps, or only do so when prompted immediately before or during the hearing
  - c do not demonstrate the timely development of insight...
- 66 Where a tribunal finds a doctor's fitness to practise is impaired, it can:
- ...
  - c impose conditions on the doctor's registration for up to three years...
- 80 In many cases, the purpose of conditions is to help the doctor to deal with their health issues and/or remedy any deficiencies in their practice or knowledge of English, while protecting the public. In such circumstances, conditions might include requirements to work under supervision.
- 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...
- 84 Depending on the type of case (eg health, language, performance or misconduct), some or all of the following factors being present (this list is not exhaustive) would indicate that conditions may be appropriate:
- ...
  - c willing to respond positively to retraining, with evidence that they are committed to keeping their knowledge and skills up to date throughout

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their working life, improving the quality of their work and promoting patient safety...

XXX

8. She submitted that taking no action would not be appropriate in this case. In light of the issues regarding Dr Hiew's insight, Ms Rollings submitted that undertakings would not be appropriate. Ms Rollings acknowledged there is some evidence that Dr Hiew is keeping his medical skills and knowledge up to date. However, she submitted that there is some way to go before Dr Hiew can demonstrate that he has fully remediated. A period of conditional registration would allow Dr Hiew a further opportunity to remediate and reflect on his misconduct. She added that conditions would be appropriate and proportionate in this case.

9. Mr Rollings said that the length of time the conditions should be imposed for is a matter for the Tribunal but submitted that 18 months would be sensible.

10. Dr Hiew did not take issue with any matters raised by the GMC. He agreed that the appropriate sanction in this case is to maintain conditions on his registration. Further, he agreed in principle with revising the conditions so as to utilise the standard wording in the 2019 conditions bank. He also agreed with Ms Rollings submission that conditions should be imposed for 18 months.

### **The Tribunal's Approach**

11. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement. In reaching its decision, the Tribunal has taken account of the SG, and has borne in mind that the purpose of a sanction is not to be punitive, although a sanction may have a punitive effect.

12. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Hiew's interests with the public interest. The public interest includes, amongst other things, the protection of patients, the maintenance of public confidence in the profession, and the declaring and upholding of proper standards of conduct and behaviour.

### **The Tribunal's Determination on Sanction**

13. The Tribunal first considered the aggravating and mitigating factors in this case.

14. In relation to aggravating factors, the Tribunal considered Dr Hiew's insight. The Tribunal had regard to paragraphs 52(b) and (c) of the SG as noted above in Ms Rollings submissions. The Tribunal accepted the GMC's submission that, where Dr Hiew has made progress, it has typically been when a review hearing is

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imminent. Whilst the Tribunal has already accepted that Dr Hiew has developed further insight since the 2018 hearing, it remained concerned that he appears to have been largely reactive rather than proactive in his approach, and this in turn has driven the slow progress of his remediation.

15. The Tribunal considered the following to be mitigating factors in this case:

- In relation to period since the 2018 hearing, as already identified in the Tribunal's determination on impairment, XXX played a part to explain some, but not all, of the delays and the failure to be proactive;
- Dr Hiew has a clear plan of action for the future, with timelines to accompany the plan. He has already begun discussions with his supervisor at work and has gained assurance that conditions would be workable;
- As illustrated in the positive testimonials and patient feedback, Dr Hiew has continued to successfully develop his working relationship with the Practice who have employed him for a number of years.

16. In his oral evidence at this stage of the proceedings, Dr Hiew explained that he has already had a discussion with the Practice regarding the specific details of his working arrangements, should he be successful in being added to the Medical Performers List ('MPL'). Having made the application in early April 2020, he explained that he has been informed of a 6 - 12 week timeline for an outcome. Assuming his application is successful, Dr Hiew also expects his PDP to be finalised during the summer of 2020 by which time he hopes to be able to return to clinical work at the practice under close supervision. Over the following 12 months, he hopes to accumulate a substantial clinical log, receive regular reports from his supervisor and undertake a further appraisal before his next review hearing.

17. So far as the current Covid-19 pandemic is concerned, he acknowledged that there may be some delay with his outstanding MPL application, but he hoped that this would be no more than 1 month. Overall, he felt that his proposed future actions and timeline would be realistic to enable him to demonstrate that he is safe to return to unrestricted practise by the time of the next review hearing. Dr Hiew explained that he has already spoken to his supervisor at work about resuming clinical work, and that arrangements could be made to do so satisfactorily and safely with close supervision during the current pandemic.

### **No action**

18. The Tribunal first considered whether to conclude Dr Hiew's case by taking no further action. Having found that Dr Hiew's fitness to practise remains impaired by reason of his misconduct and given the length of time that Dr Hiew has been out of clinical practice and the need to protect the public, the Tribunal determined that taking no action would not be sufficient to uphold the overarching objective. The

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Tribunal did not consider there were any exceptional circumstances to justify it taking no action, and noted that neither party had suggested that this course would be proportionate in the current circumstances.

### **Undertakings**

19. Neither the GMC, nor Dr Hiew, invited the Tribunal to consider undertakings.

### **Conditions**

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

21. The Tribunal agreed with the GMC's submission that Dr Hiew has been largely reactive rather than proactive in his approach towards remediation. Whilst the Tribunal found that Dr Hiew's progress has been limited, and to an extent disappointing given the long history of this matter, it was of the view that his level of insight has developed since his last review hearing. Further, the Tribunal also noted Dr Hiew's plan of action for the coming 18 months to be a positive sign, and helpful.

22. Overall, the Tribunal considered that imposing conditions on Dr Hiew's registration was, at this stage, the sanction required to protect the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the profession.

23. The Tribunal determined to impose conditions for a period of 18 months. The existing conditions will be revised to reflect the changes brought about by the 2019 conditions bank. The Tribunal was of the view that this would allow Dr Hiew sufficient time to return to clinical practice and demonstrate that he has fully remediated his misconduct, in accordance with his own stated plan.

24. The Tribunal did consider whether to impose a period of suspension or whether to erase Dr Hiew's name from the medical register. It took the view that, at this stage, such sanctions would be disproportionate in the light of Dr Hiew's improved level of insight and remediation and the fact that the public interest would currently be served by supporting Dr Hiew's return to practise.

25. The following conditions are public and will be published:

- 1 He must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:

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- a The details of his current post, including:
    - i his job title
    - ii his job location
    - iii his responsible officer (or their nominated deputy)
  - b the contact details of his employer and any contracting body, including his direct line manager
  - c any organisation where he has practising privileges and/or admitting rights
  - d any training programmes he is in
  - e of the organisation on whose medical performers list he is included
  - f of the contact details of any locum agency or out of hours service he is registered with.
- 2 He must personally ensure the GMC is notified:
- a of any post he accepts, before starting it
  - b that all relevant people have been notified of his conditions, in accordance with condition 10.
  - c if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
  - d if any of his posts, practising privileges, or admitting rights have been suspended or terminated by his employer before the agreed date within seven calendar days of being notified of the termination
  - e if he applies for a post outside the UK.
- 3 He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.

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- 4
  - a He must have a workplace reporter appointed by his responsible officer (or their nominated deputy).
  - b He must not work until:
    - i his responsible officer (or their nominated deputy) has appointed his workplace reporter
    - ii he has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter.
- 5
  - a He must design a Personal Development Plan (PDP), with specific aims to address the deficiencies in the following areas of his practice:
    - Clinical Patient Contact
  - b His PDP must be approved by his responsible officer (or their nominated deputy).
  - c He must give the GMC a copy of his approved PDP within three months of these substantive conditions becoming effective.
  - d He must give the GMC a copy of his approved PDP on request.
  - e He must meet with his responsible officer (or their nominated deputy), as required, to discuss his achievements against the aims of his PDP.
- 6 He must only work in a group practice setting where there is a minimum of two GP partners or employed GPs (excluding himself). The GPs must be partners or permanently employed GPs who are on the GP register (this excludes locum staff).
- 7
  - a He must be closely supervised in all of his posts by a clinical supervisor, as defined in the *Glossary for undertakings and conditions*. His clinical supervisor must be approved by his responsible officer (or their nominated deputy).
  - b He must not work until:
    - i his responsible officer (or their nominated deputy) has appointed his clinical supervisor and approved his supervision arrangements

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- ii he has personally ensured that the GMC has been notified of the name and contact details of his clinical supervisor and his supervision arrangements.
  - 8 He must not work as a locum.
  - 9
    - a He must keep a clinical log
    - b He must give the GMC a copy of this log on request.
  - 10 He must personally ensure the following persons are notified of the conditions listed at 1 to 9:
    - a his responsible officer (or their nominated deputy)
    - b the responsible officer of the following organisations:
      - i his place(s) of work, and any prospective place of work (at the time of application)
      - ii all of his contracting bodies and any prospective contracting body (prior to entering a contract)
      - iii any organisation where he has, or has applied for, practising privileges and/or admitting rights (at the time of application)
      - iv any locum agency or out of hours service he is registered with
      - v if any of the organisations listed at (i to iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify that person, he must contact the GMC for advice before working for that organisation.
    - c the responsible officer for the medical performers list on which he is included or seeking inclusion (at the time of application)
    - d his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts).
26. The Tribunal has determined to direct a review of Dr Hiew’s case. A review hearing will convene shortly before the end of the period of conditional registration,

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unless an early review is sought. It is likely to assist the reviewing Tribunal if Dr Hiew provides it with:

- An updated personal statement setting out Dr Hiew’s reflections on his insight, remediation, learning, overall progress towards being fit to resume unrestricted practise, and his views as to whether he is fit to return to unrestricted practise, and if not, why not;
- Updated testimonials from professional colleagues and/or patients;
- Dr Hiew’s PDP;
- The outcome of any appraisal(s);
- His clinical log together with reports from his clinical supervisor;
- Evidence of his CPD, including clinical CPD appropriate to his clinical practise, and reflection on learning; and
- Any other information that would assist the Tribunal.

27. The Tribunal wishes to make it very clear that at the review hearing the onus will be on Dr Hiew to demonstrate how he has remediated his misconduct and whether he is fit to return to unrestricted practise. Dr Hiew should ensure that he proactively informs the GMC of his progress, and any factors that restrict his progress against his stated timeline of actions. The Tribunal wishes to remind Dr Hiew of its earlier finding that he could have undertaken the current outstanding actions a year or more ago. He did not have to wait until prompted by the GMC, or until the period running up to this review hearing. It would be helpful if Dr Hiew were to provide regular updates to the GMC throughout the course of the next 18 months, beginning with an update on his application to return to the MPL.

28. Given the long history of this matter, the Tribunal reminds Dr Hiew that without cogent evidence of proactive material progress during the coming period, the point may be reached where a further extension of conditions is no longer deemed a proportionate sanction because the prospects of being able to successfully remediate and return to unrestricted practise may diminish over time.

29. The MPTS will send Dr Hiew a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current order of conditions will remain in place during the appeal period.

30. That concludes this case.

**Confirmed**  
**Date** 29 April 2020

Mr Paul Burns, Chair

## **Record of Determinations – Medical Practitioners Tribunal**

### **Determination on Adjournment and Extension of Current Sanction – 07/04/2020**

1. Due to the lateness of the hour, the Tribunal determined, of its own volition, that it would not have sufficient time to finish this hearing today.
2. The Tribunal has found that Dr Hiew's fitness to practice remains impaired, and it will therefore need to consider what sanction (if any) is appropriate in his case. The Tribunal therefore determined to adjourn this hearing under Rule 29(2) of the Rules.
3. The Tribunal has provisionally agreed to reconvene for one day on 29 April 2020.
4. Given the Tribunal's finding that Dr Hiew's fitness to practice remains impaired, it determined that – in the interim – it is both appropriate and proportionate for the current order of conditions on his registration to be extended.
5. The order of conditions on Dr Hiew's registration is currently due to expire on 20 May 2020; in light of the current COVID-19 pandemic the Tribunal has determined to extend these conditions for a further period of 4 weeks in accordance with Section 35D(12)(c) of the Medical Act 1983, as amended.
6. Ms Rollings had no observations and Dr Hiew was in agreement with the proposed extension.
7. Dr Hiew will be served with written notice of this decision.
8. Hearing adjourned.