PUBLIC RECORD

Dr Hyder appealed decisions from his Medical Practitioners Tribunal held in 2021. The appeal was upheld in part. Parties agreed by consent that the findings of fact should stand, but that the findings in relation to impairment and sanction be quashed. It was agreed that the case be remitted to a Medical Practitioners Tribunal for consideration of those quashed matters. No judgment was produced in this matter.

The remittal Tribunal's decision on impairment and sanction is set out below.

Please also see the record of determinations from Dr Hyder's appealed hearing which concluded on 01/12/2021 and can be found here.

Dr Hyder has also lodged an appeal against the decisions of this remittal Tribunal. His registration remains suspended while his appeal is considered.

Dates: 04/09/2023 – 08/09/2023; 18/12/2023 – 19/12/2023

Medical Practitioner's name:	Dr Syed Mohammed HYDER
GMC reference number:	6068302
Primary medical qualification:	MB BS 1995 University of Karachi

Type of case
New - Misconduct

Outcome on impairment
Impaired

Summary of outcome
Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Julia Oakford
Lay Tribunal Member:	Dr Matthew Fiander
Medical Tribunal Member:	Mr Thomas George

Tribunal Clerk:	Ms Evelyn Kramer

Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Nicholas Leviseur, Counsel, instructed by Stephensons Solicitors
GMC Representative:	Mr Ciaran Rankin, 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 Impairment - 06/09/2023

1. Dr Hyder's case was first heard in 2021 by a differently constituted Tribunal ('the 2021 Tribunal'). At the conclusion of that hearing, Dr Hyder lodged an appeal against the determinations of the 2021 Tribunal. The appeal was upheld in part. A consent order was made that the findings in relation to impairment and sanction be quashed, and that the case be remitted for consideration of these matters. The findings of fact of the 2021 Tribunal stand. No judgment was produced.

Summary of the Facts Found Proved by the 2021 Tribunal

2. The Tribunal had regard to the whole of the 2021 Tribunal's determination on facts. The 2021 Tribunal's findings are summarised below.

3. The 2021 Tribunal found that Dr Hyder had acted dishonestly in respect of three separate paragraphs of the Allegation.

4. The 2021 Tribunal found that, on 15 May 2014, during a telephone call with a locum agency, ID Medical, Dr Hyder represented that he had completed both Part One, and the

written examination of Part Two, of the Membership of the Royal College of Physicians (MRCP) postgraduate medical diploma. It was found that Dr Hyder had also represented in the same call that he was in the process of completing the Part Two Clinical Examination – Practical Assessment of Clinical Examination Skills (PACES) of the MRCP postgraduate medical diploma.

5. Dr Hyder admitted that he knew, at all of the relevant times set out in the Allegation, that he had not completed Part One and the written component of Part Two and he was not preparing for PACES which was the part of the MRCP postgraduate diploma.

6. The 2021 Tribunal was not persuaded by Dr Hyder's evidence that he was *'confused'* or *'distracted'* during the telephone call with ID Medical. It found that Dr Hyder had ample opportunity to correct the ID Medical employee when she congratulated him for being *'nearly done'* with his speciality. Further, the 2021 Tribunal did not find Dr Hyder's explanation that he was instead referring to his revision for the MRCP to be credible. The 2021 Tribunal was satisfied that, in terms of his state of mind, Dr Hyder knew that he was telling the locum agency that he had completed Part One and the written component of Part Two and was preparing for PACES when in fact he had not passed any part of the MRCP.

7. The 2021 Tribunal found that Dr Hyder had acted dishonestly because he knew he had not completed Part One or the written examination of Part Two, and he was not in the process of completing the PACES element of the MRCP postgraduate medical diploma. Having established Dr Hyder's knowledge or belief as to the facts at the time of the telephone conversation, the 2021 Tribunal went on to determine that by the standards of ordinary decent people, Dr Hyder's conduct in claiming to have passed exams he had not would be considered dishonest.

8. Dr Hyder had admitted that between 24 May 2016 and 18 October 2016, he had submitted, or allowed to be submitted, Curriculum Vitaes (CV) to the locum agency NC Healthcare which stated that he had obtained the MRCP postgraduate medical diploma. He had also admitted that he knew, at all relevant times set out in the Allegation, that he had not obtained his MRCP postgraduate medical diploma.

9. It was Dr Hyder's evidence, in both his witness statement and in his interview as part of the Trust investigation, that Ms J (XXX) had edited the CVs submitted between 24 May 2016 and 18 October 2016 to *'combine two lists of qualifications: one list setting out those qualifications which I had completed; and another setting out my future plans. The MRCP qualification had previously been included in the list of my future plans.'* Dr Hyder's evidence was:

> *'I do accept that I should not have allowed XXX to take these steps on my behalf without reviewing and approving documents before they were provided to the agencies. I accept that it was my responsibility to ensure that any documents submitted on my behalf were accurate. I failed to do so. However this was a mistake*

on my part. I did not submit the CVs myself, nor did I instruct XXX to edit the CVs in this way on my behalf.'

10. Ms J's evidence was that she would regularly update and make minor amendments to Dr Hyder's CV before submitting them to locum agencies. She said that she submitted 80 per cent of Dr Hyder's CVs for him, accepting that he did send some himself. She said that the format of Dr Hyder's CV had changed over time and that she had not realised that 'MRCP' had been moved from the section of *'future plans'* to the section under *'qualifications'*. The 2021 Tribunal had regard to one of the CVs submitted to NC Healthcare, that under the heading *'qualifications'* referred to *'MRCP 2003'*. In her oral evidence, Ms J explained that this was a typo and it should have read *'2013'* as this was the year that Dr Hyder had been revising for the MRCP.

11. In a later CV, the date had been removed, so it read *'MRCP'*. Ms J explained to the 2021 Tribunal that she had intended to draw the changes she had made to Dr Hyder's attention for him to check but had forgotten to do so. The 2021 Tribunal considered it implausible that Ms J would not have shown the changes she had made to Dr Hyder's CV. Further, it considered it implausible that on at least two occasions when Ms J made changes to the MRCP entry on Dr Hyder's CV, she would not have noticed that *'to be taken'* was missing. Ms J told the 2021 Tribunal that she was well aware of the requirements of the MRCP, and that Dr Hyder had not fulfilled any part of them. The 2021 Tribunal considered Ms J's evidence about the CV to not be credible.

12. Ms J explained that Dr Hyder would regularly update his previous experience upon completion of a locum post at a hospital. The 2021 Tribunal considered that Dr Hyder, an experienced locum, would have understood the importance of keeping his current experiences up to date on his CV. Further, given that the format of his CV had changed between 2014 and 2016, the 2021 Tribunal found it inconceivable that Dr Hyder would not have, even briefly, checked through his CV when making amendments before allowing it to be submitted.

13. The 2021 Tribunal also had regard to the fact that Dr Hyder had registered to sit the MRCP on numerous occasions. The 2021 Tribunal took into account its finding that Dr Hyder had dishonestly claimed to have already passed parts of the MRCP during his telephone conversation with ID Medical. It noted that his claim that he was in the process of completing the MRCP requirement predated the submissions of the CVs which stated that he now held the MRCP qualification. Therefore, the 2021 Tribunal did not find Dr Hyder's assertion that he was unaware that his CV held him out to have completed the MRCP to be credible.

14. The 2021 Tribunal was satisfied that Dr Hyder knew his CV implied that he had completed the MRCP, when he had not, and he allowed the CV to be submitted to NC Healthcare on multiple occasions knowing that it was inaccurate.

15. Having established Dr Hyder's knowledge or belief as to the facts at the time that the CVs were submitted, the 2021 Tribunal determined that, applying the standards of ordinary decent people, Dr Hyder's conduct was dishonest.

16. Dr Hyder admitted that on 2 November 2017, he submitted, or allowed to be submitted, a CV to ID Medical that stated he had obtained his MRCP postgraduate medical diploma. As set out previously, he had also admitted that he knew, at the time, that he had not obtained his MRCP postgraduate medical diploma.

17. The 2021 Tribunal had rejected Dr Hyder's explanation that he failed to check the CVs before allowing them to be submitted. The 2021 Tribunal determined that, on the balance of probabilities, Dr Hyder knew that his CV stated *'MRCP'* under the *'qualifications'* heading before he submitted, or allowed it to be submitted, to ID Medical on 2 November 2017. Therefore, the 2021 Tribunal determined that Dr Hyder knew that the CV was being submitted with incorrect and false information.

18. Having established Dr Hyder's knowledge or belief as to the facts at the time that the CV was submitted to ID Medical, the 2021 Tribunal determined, applying the objective standards of ordinary decent people, that Dr Hyder's conduct would be considered dishonest.

19. Separately Dr Hyder had admitted that, on 20 November 2019, his LinkedIn profile represented that he had worked as a Locum Registrar at Medway between August 2016 and September 2016 when he knew he had not. The 2021 Tribunal had regard to the evidence that Dr Hyder had worked as a locum Consultant at Medway for one week in September 2016. It bore in mind that Dr Hyder was undertaking a number of locum posts at a range of hospitals at the time. The 2021 Tribunal was satisfied that Dr Hyder's update to his LinkedIn profile had been an honest mistake as to the role he had undertaken at Medway. The 2021 Tribunal was also satisfied that Dr Hyder had also made a mistake regarding the dates of his employment.

Determination on Impairment

20. This Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Hyder's fitness to practise is impaired by reason of misconduct.

The Outcome of Applications Made during the Impairment Stage

21. At the outset of the hearing, the Tribunal asked the parties whether there was any further documentation either party was seeking to rely on. The Tribunal had been provided with an anonymised facts determination, dated 30 November 2021, written submissions on impairment from both parties and a remediation bundle. Parties confirmed that they were content that the necessary documentation was before the Tribunal. The parties agreed that

the majority of the information that had been available to the 2021 Tribunal was not relevant to the decisions to be made by this Tribunal.

22. The Tribunal informed the parties that it did not have all of the information available to it to make an informed and fair decision as to whether Dr Hyder's fitness to practise was currently impaired. The Tribunal determined that it was in the interests of justice for it to be provided with further information to aid its decision making. The Tribunal was clear that in seeking additional evidence, it was not in any way attempting to go behind the factual findings of the 2021 Tribunal, rather, it was seeking contextual information to support its understanding of those factual findings.

23. The Tribunal was mindful that Dr Hyder had referred to having considered the *'minute details'* of his conversation with ID Medical in one of his written reflections. The Tribunal was of the view that it needed to understand the full context of that telephone call in order to properly assess Dr Hyder's level of insight and his remediation.

24. The Tribunal directed that it be provided with an agreed redacted version of the evidence bundle provided to the 2021 Tribunal, an agreed redacted transcript of the oral evidence Dr Hyder gave to the 2021 Tribunal and a transcript and/or the audio of the telephone conversation Dr Hyder had with ID Medical on 15 May 2014.

The Evidence

25. On behalf of the GMC, no further witness evidence was called. It relied on the documentary evidence before the Tribunal.

26. Dr Hyder provided a personal witness statement, dated 23 August 2023. Dr Hyder did not give evidence at the impairment stage, but provided personal reflective statements regarding the following topics:

- Dishonesty;
- GMC Good Medical Practice;
- MPTS Sanctions Guidance;
- Dishonesty and Integrity as set out by MPS;
- Seriousness of GMC and MPTS in Tackling Dishonesty.

27. The Tribunal also received two testimonials written in support of Dr Hyder from colleagues, dated 23 and 25 August 2023 respectively.

28. The Tribunal also received documentary evidence that included, but was not limited to:

- The 2021 Tribunal's anonymised facts determination, dated 30 November 2021;

- An agreed redacted version of the evidence bundle, including the transcript of Dr Hyder's conversation with ID Medical, provided to the 2021 Tribunal;
- An agreed redacted transcript of the oral evidence Dr Hyder gave to the 2021 Tribunal;
- An audio recording of Dr Hyder's conversation with ID Medical on 15 May 2014.

Submissions

Submissions on behalf of the GMC

29. On behalf of the GMC, Mr Rankin, Counsel, gave no oral submissions, but instead relied upon his written submissions entitled 'Doctor Syed Mohammed Hyder. Impairment'. He submitted that Dr Hyder's fitness to practise is currently impaired. Mr Rankin submitted that when Dr Hyder acted dishonestly on three separate occasions, all relating to his MRCP qualification status, he must have been aware of the importance of the MRCP qualification given that he had attempted, but failed Part One of the examination seven times.

30. Mr Rankin submitted that recruitment companies are entitled to rely on the honesty of medical practitioners when they put themselves forward for jobs. He submitted that doctors have an obligation to be honest and act with integrity, a key principle in Good Medical Practice (2013) (GMP). Mr Rankin submitted that Dr Hyder's dishonesty was not an isolated incident. He submitted that Dr Hyder had breached paragraphs 1, 65, 66, 68, 70 and 71 of GMP (set out below). He submitted that Dr Hyder's actions amounted to serious and persistent dishonesty, therefore amounting to misconduct that was serious.

31. In considering impairment, Mr Rankin referred the Tribunal to the test in *CHRE v NMC and Paula Grant* [2011] EWHC 927 Admin ('*Grant*'). He submitted that Dr Hyder's actions had, in the past, brought the profession into disrepute, breached fundamental tenets of the profession and been dishonest. He invited the Tribunal to have regard to the public interest in these proceedings, as set out in the overarching objective.

32. Mr Rankin submitted that Dr Hyder appeared to have shown little insight into the behaviour that led to this hearing. He submitted that the Tribunal should treat with care the fact that Dr Hyder's defence had been rejected by the 2021 Tribunal. Mr Rankin referred the Tribunal to the case of *Sawati v GMC* [2022] EWHC 283 (Admin) ('*Sawati*'). In considering the role of Dr Hyder's rejected defence, Mr Rankin identified the following relevant features from *Sawati* that could assist the Tribunal:

> *'The nature of the allegations: the court drew a distinction between dishonesty as a primary or a secondary allegation.*
>
> *A primary allegation refers to conduct which is intrinsically dishonest, like fraud or forgery. A secondary allegation, by contrast, means conduct (record keeping, for example) which is capable of being performed honestly or dishonestly.*

The court considered a rejected defence of honesty is more relevant as a potential aggravating feature where the case concerns a primary allegation of dishonesty.

The nature and quality of the rejected defence: to say someone has not told the truth to the Tribunal requires more than simply a failure to admit an allegation. The Tribunal must consider, for example, was the defence a "blatant and manufactured lie, a genuine act of dishonesty, deceit or misconduct in its own right? Did it wrongly implicate or blame others, or brand witnesses giving a different account as deluded or liars?"'

33. Mr Rankin invited the Tribunal to analyse the extent to which Dr Hyder's rejected defence could fairly be used as an aggravating feature in this case.

34. Mr Rankin submitted that Dr Hyder's misconduct was serious, had breached several principles of GMP and his actions fell seriously short of the standards of conduct that the public and patients are entitled to expect from doctors. Therefore, he invited the Tribunal to find Dr Hyder's fitness to practise impaired by reason of misconduct.

On behalf of Dr Hyder

35. On behalf of Dr Hyder, Mr Leviseur provided written submissions in a document entitled 'Registrant's Outline Submissions on Misconduct and Impairment'. He elaborated on this document in oral submissions. He submitted that Dr Hyder was not seeking to argue that the matters on which Dr Hyder had been found to have acted dishonestly were not capable of amounting to misconduct. Mr Leviseur referred the Tribunal to the specifics of each instance of dishonesty. He submitted that Dr Hyder's dishonesty, in short, was that he was either well on the way to becoming an MRCP (the telephone call) or that he had become an MRCP (the CVs). Mr Leviseur submitted that Dr Hyder accepts that this behaviour, which his fellow professionals would regard as deplorable and that it was sufficiently serious so as to bring the profession into disrepute.

36. In assessing whether Dr Hyder's fitness to practise is currently impaired, Mr Leviseur invited the Tribunal to consider Dr Hyder's reflections on the 2021 Tribunal's factual findings. He submitted that Dr Hyder can now properly to be said to understand that what happened was his responsibility, that what happened was wrong and to understand why others in the profession would consider it to be so. Dr Hyder understands how public confidence in the profession has been affected by his dishonesty and why his actions were not compatible with professional core values.

37. In considering the risk of repetition, Mr Leviseur referred the Tribunal to the *'uncontroverted evidence'* that neither locum agency had represented that Dr Hyder was an MRCP. Since July 2018, Dr Hyder had obtained many locum consultancy appointments without either being, or claiming to be, an MRCP. Mr Leviseur submitted that there was, not only no evidence of dishonesty since November 2017, but positive evidence of honesty from senior members of the medical profession who had worked with Dr Hyder. Mr Leviseur

submitted that there was evidence that Dr Hyder had been scrupulous in his conduct generally and in his honesty in particular. Mr Leviseur submitted that in these circumstances, and given the fact that Dr Hyder has retrained as a General Practitioner (GP), a finding that his behaviour was likely to be repeated could not be supported.

38. Mr Leviseur submitted that considerable care must be taken to deal fairly with the fact that Dr Hyder's defence was rejected. Mr Leviseur also referred the Tribunal to the case of *Sawati* and acknowledged that there was no conflict between the parties as to its application. In line with *Sawati*, Mr Leviseur submitted:

> *'Considerable care must be taken to deal fairly with the fact that the defence was rejected. That is because, as Sawati v GMC [2022] EWHC 283 makes clear there are:*
>
> *"Two important and fundamental public policy interests are in tension here. The first is the right to a fair trial for doctors facing charges involving dishonesty, with a proper opportunity to resist potentially career-ending allegations. the second is the necessity for protecting patients and the public, who place a huge amount of trust in doctors… .from practitioners on whose honesty and integrity they cannot rely."*
>
> *In Sawati (ibid) Collins Rice J set out the relevant factors in rejected defence cases at paragraphs 103-108 and concluded at 109: " in short, before a tribunal can be making fair use of a rejected defence to aggravate sanctions imposed on a doctor, it needs to remind itself of Lord Hoffman's starting place that doctors are properly and fairly entitled to defend themselves, and may then find it helpful to think about four things: (i) how far state of mind or dishonesty was a primary rather than a second-order allegation to begin with (noting the dangers of charging traps) – or not an allegation at all; (ii) what if anything the doctor was positively denying other than their own dishonesty or state of knowledge; (iii) how far 'lack of insight' is evidenced by anything other than the rejected defence; and (iv) the nature and quality of the defence, identifying clearly any respect in which it was itself a deception, a lie or a counter-allegation of others' dishonesty.*
>
> *The nature of the defence as it appears in the determination of the facts is not such as ought properly to permit it to be considered as an aggravating feature. An analysis of the determination in light of these matters show that what Dr Hyder was denying was he had been dishonest and the none of the four matters to which the judge drew attention were engaged.'*

39. Mr Leviseur submitted that it was accepted by Dr Hyder that despite his own great insight and the very low risk of repetition, the Tribunal must have regard to the wider public interest when considering impairment. Mr Leviseur submitted that it was relevant for the Tribunal to consider the need to maintain public confidence in the profession and in its regulation, and a need to declare and uphold proper standards of conduct and behaviour in doctors.

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. In approaching the decision, the Tribunal was mindful of the two stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious. Second, whether the finding of misconduct that was serious, could lead to a finding of impairment.

42. The Tribunal must determine whether Dr Hyder's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors such as whether the matters are remediable, have been remedied and any likelihood of repetition.

43. The Legally Qualified Chair (LQC) advised the Tribunal as to the issue of rejected defence (see below).

The Tribunal's Determination on Impairment

Misconduct

44. The Tribunal first considered whether the facts as found proved by the 2021 Tribunal amounted to misconduct.

Paragraphs 5 and 6.f

45. The Tribunal considered Dr Hyder's admissions in respect of paragraph 5 and paragraph 6.f of the Allegation relating to his LinkedIn profile and work at Medway, where he admitted he knew he had not worked as a Locum Registrar.

46. The Tribunal reminded itself of the 2021 Tribunal's findings that Dr Hyder's made an honest mistake as to his role at Medway, and also had mistaken the dates he worked there.

47. In these circumstances, this Tribunal did not find that these matters amounted to misconduct.

Paragraph 7 in respect of paragraphs 1, 2 and 3

48. The Tribunal went on to consider the remaining proven paragraphs of the Allegation, all of which related to dishonesty of a similar nature, namely representations that suggested Dr Hyder was close to obtaining, or had already obtained his MRCP postgraduate medical diploma when he knew he had not successfully passed any part of the MRCP qualification.

49. The Tribunal considered each of the actions of Dr Hyder that had been found to be dishonest separately. Dr Hyder was found to have been dishonest in a telephone call with ID Medical in May 2014, when he falsely stated that aside from PACES, which he said was in the process of completing, he had completed Part One and the written examination of Part Two of the MRCP. Between May and October 2016, Dr Hyder was found to have submitted, or allowed to be submitted, CVs to NC Healthcare that falsely stated he had obtained his MRCP. On 2 November 2017, Dr Hyder submitted, or allowed to be submitted, a CV to ID Medical, which falsely stated he had obtained the MRCP postgraduate diploma.

50. It was clear from the evidence that Dr Hyder had been motivated to complete his MRCP, having registered for the Part One of MRCP 14 times, and having sat and failed it seven times. The Tribunal was mindful that Dr Hyder's dishonesty spanned a three-year period and related solely to the status of the MRCP qualification he was seeking.

51. The Tribunal considered the paragraphs of GMP that Mr Rankin, on behalf of the GMC, had submitted Dr Hyder's conduct had breached. The Tribunal accepted that honesty and integrity are fundamental tenets of the profession, therefore paragraphs 1, 65 and 66 were clearly engaged in this case:

> *'1 Patients need good doctors. Good doctors…are honest and trustworthy, and act with integrity…*
>
> *65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*
>
> *66 You must always be honest about your experience, qualifications and current role.'*

52. Having been dishonest about his qualifications, Dr Hyder's actions amounted to serious breaches of paragraphs 1, 65 and 66 of GMP.

53. The Tribunal considered paragraph 68 of GMP:

> *'68 You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.'*

54. The Tribunal concluded that only the first sentence of paragraph 68 '*You must be honest and trustworthy in all your communication with…colleagues.'* was engaged in this case because the 2021 Tribunal had found that Dr Hyder had knowingly submitted, or allowed to be submitted, CVs that stated he had obtained his MRCP when he had not. The false information on his CVs had been included intentionally, and therefore could not have been corrected by '*reasonable checks'* of the accuracy of the information included.

55. The Tribunal did not accept that paragraphs 70 and 71 of GMP were engaged in this case:

> *'70 When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.*
>
> *71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.'*

56. The Tribunal concluded that paragraph 70 of GMP could be more appropriately applied to the consideration of a doctor advertising services to a patient, which was not relevant in this case. In respect of paragraph 71, the Tribunal was satisfied that seriousness of Dr Hyder's breach of GMP was more appropriately captured in paragraph 66 of GMP given that Dr Hyder had been dishonest about his qualifications both in his CVs and also in a conversation with ID Medical.

57. The Tribunal concluded that, both separately for each of the three aspects of dishonesty as well as taken together, Dr Hyder's dishonest actions amounted to misconduct. Due to nature of Dr Hyder's dishonesty over three years about his qualifications, and the identified breaches of GMP, the Tribunal found that Dr Hyder's misconduct would be considered deplorable by fellow medical professionals. The Tribunal determined that Dr Hyder's dishonest conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct that was serious.

Impairment

58. The Tribunal, having found the facts found proved by the 2021 Tribunal amounted to serious misconduct, went on to consider whether Dr Hyder's fitness to practise was currently impaired.

59. The Tribunal accepted that dishonesty is difficult, but not impossible, to remediate.

60. In considering Dr Hyder's insight and remediation, the Tribunal had regard to the impact, if any, of his rejected defence.

61. The Tribunal had regard to the cases of *Sawati* and *Towuaghantse v The General Medical Council* [2021] EWHC 681 (Admin) ('*Towuaghantse*'). The case of *Towuaghantse* held that Tribunals should state in its reasons whether it considers that a doctor has lied to a Tribunal or deliberately sought to mislead a Tribunal rather than putting the regulator to proof. If it finds that a doctor has given dishonest evidence and sought to deliberately mislead a Tribunal that conduct is relevant to the consideration of impaired fitness to practise. However, if the registrant does no more than put the regulator to proof, then that stance should not be held against them during the potential impairment and sanction stages.

62. In *Sawati*, it was held that before a Tribunal can be sure of making fair use of a rejected defence to aggravate a sanction imposed on a doctor, it may be helpful to consider four things:

1) How far the state of mind or dishonesty was a primary rather than a second order allegation;
2) What if anything the doctor was denying other than their own dishonesty or state of knowledge;
3) What other evidence of a lack of insight is there other than the rejected defence;
4) The nature and quality of the defence, identifying any respect in which it was itself a deception, a lie or counter-allegation of others' dishonesty.

63. Dr Hyder had a right to defend himself at the facts stage and to maintain that defence.

64. The 2021 Tribunal did not find that Dr Hyder had lied or sought to mislead it.

65. The Tribunal was satisfied that Dr Hyder's defence, having considered the relevant case law, could not be considered to be an aggravating factor in assessing his misconduct or impairment.

66. The Tribunal acknowledged that in maintaining his defence that he had not acted dishonestly, Dr Hyder was not precluded from demonstrating that he had developed insight into, and remediated, the findings of the 2021 Tribunal.

67. The Tribunal had regard to Dr Hyder's personal witness statement, dated 23 August 2023 in which he wrote:

> *'After having had the time now to digest and reflect upon the tribunal's findings, I can understand how the Tribunal arrived at their findings that I had acted dishonestly. When I gave more attention to the minute details of my telephone conversation with ID Medical in 2014, I could clearly see how using the phrase I have done part 1 and part 2 would convey the message that it meant passing part 1 and part 2 of MRCP. This was further compounded by mentioning of MRCP under the qualification section of my CV. Although the changes very made by [Ms J] who used to update it on my behalf, but that was my responsibility to check it for any mistakes or omissions before sending over. After taking everything into account, I can realise now how the Tribunal concluded that my actions were dishonest.*
>
> *However, I have become much more transparent and clearer in my dealings and communications now, making sure that such mistakes are not repeated ever again. I should be able to say clearly what I want to state by using appropriate words to avoid any ambiguity around the meaning and will reconfirm that they have perceived the*

conversation correctly. Also, I have taken over the responsibly from [Ms J] to deal with my professional work and sending over the documents besides updating CV by myself. This is to avoid any errors or omissions going forward. However, she still deals with my other affairs, [XXX] and safe keeping of my documents with our mutual understanding. I have unshakeable trust on my [Ms J's] honesty and dedication.

In short, I can confidently affirm that my honesty, integrity, interpersonal qualities, and moral values are essential aspects of my character. These qualities have not only shaped my interactions with others but have also enabled me to navigate life's challenges with a sense of purpose and authenticity. I remain dedicated to upholding these qualities as I continue to grow and evolve, both personally and professionally.'

68. Dr Hyder had set out, in detail, theoretical reflections on a number of topics including the seriousness of dishonesty and the importance of adhering to GMP. The Tribunal found that Dr Hyder reflected at length on the principles relevant to his misconduct. It was satisfied that he has a good understanding of the importance of honesty and integrity and its role in maintaining confidence in the medical profession. The Tribunal was satisfied that Dr Hyder had good insight into the importance of doctors always acting with honesty and integrity, as well as the important role of GMP.

69. However, the Tribunal was unable to conclude that Dr Hyder had developed sufficient insight into his misconduct. Dr Hyder had satisfactorily demonstrated his understanding and reflection about the theoretical importance of honesty, integrity and GMP. He had not demonstrated how he had used those reflections and applied them to his own practice. He had not given examples to reassure the Tribunal that his understanding went beyond the theoretical.

70. There was no requirement for Dr Hyder to accept that his actions were dishonest. However, without evidence and examples of how Dr Hyder has applied his understanding of honesty and integrity to his practice, the Tribunal could not be satisfied that his insight into his misconduct and its specific impacts, was more than limited.

71. In his personal witness statement, Dr Hyder asserted that he has made changes to his communication style. He did not provide any example of how these changes have been applied to his practice or their impact. Further, as the 2021 Tribunal had rejected Dr Hyder's evidence that his conversation with ID Medical was simply confused, rather than dishonest, Dr Hyder asserting that he has addressed his communication style does not demonstrate that he understands and has taken steps to remediate the dishonesty found by the 2021 Tribunal.

72. Aside from his written reflections, Dr Hyder had provided no evidence of having completed and reflected on relevant courses and/or Continuing Professional Development about Probity and Ethics. The Tribunal considered that Dr Hyder could have undertaken such courses to further his theoretical knowledge and be provided with scenarios within which he might have demonstrated his understanding of how to apply that knowledge either to his current practice or to the findings of the 2021 Tribunal.

73. Dr Hyder has not accepted that he should have behaved differently in respect of his proven dishonest conduct. He has set out, without examples, that he had made changes to his communications style and no longer permits Ms J to make changes to his CVs. He has not identified why he acted in the way that he did. He has not set out what he would do differently if presented with a similar situation. The Tribunal did not accept that because Dr Hyder had changed specialities a similar situation was highly unlikely to occur again.

74. The Tribunal accepted that there was no evidence that Dr Hyder acted dishonestly since November 2017, almost six years ago. Two clinical colleagues had provided testimonials setting out how Dr Hyder's proven dishonest conduct did not align with the doctor they knew. However, the Tribunal was not satisfied that the evidence provided by Dr Hyder demonstrated that he had developed sufficient insight into, or remediated, his persistent dishonesty spanning three years. The evidence as to insight and remediation before this Tribunal was, at best, limited. In those circumstances, without a demonstration from Dr Hyder of an understanding about why he acted as he did, and why, those actions had been found to be dishonest, the Tribunal determined that there remained a risk of repetition.

75. The Tribunal went on to apply the test as set out in *Grant*:

> *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*
>
> *d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.*

76. The Tribunal concluded that Dr Hyder's misconduct had in the past brought the profession into disrepute, had breached fundamental tenets of the profession, namely honesty and integrity, and had been dishonest. Given the risk of repetition identified, the Tribunal concluded that Dr Hyder was liable in the future to repeat those failings.

77. Having considered Dr Hyder's insight and remediation, and having identified an ongoing risk of repetition, the Tribunal considered whether a finding of impairment was required to uphold the overarching objective.

78. The Tribunal acknowledged that, failing Part One of the MRCP seven times, and dishonestly claiming to have obtained that qualification, could in some circumstances have potentially put patients at risk of harm. However, there was no evidence before the Tribunal that Dr Hyder had obtained employment and been permitted to treat patients on the basis of an MRCP qualification, as neither agency used it in the CVs they had put forward for him. Further, the Tribunal bore in mind that NC Healthcare, on 14 May 2019, had confirmed that there had been no fitness to practise concerns regarding Dr Hyder. There was no evidence that since then that any concerns, clinical or otherwise had been raised. Accordingly, the Tribunal did not conclude Dr Hyder posed a particular risk to patients and therefore a finding of impairment was not required to uphold the first limb of the overarching objective.

79. In circumstances where Dr Hyder has acted dishonestly in respect of his qualifications and breached fundamental tenets of the profession, the Tribunal determined that a finding of impairment was required 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.

80. The Tribunal has therefore determined that Dr Hyder's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 19/12/2023

1. Having determined that Dr Hyder'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

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

3. Dr Hyder gave oral evidence at the sanction stage. As the hearing was unable to conclude in its allotted listing time, a transcript of Dr Hyder's oral evidence was produced. The Tribunal carefully considered the entirety of this transcript.

4. The Tribunal had regard to the significant shift in Dr Hyder's evidence at the sanction stage. In response to a question from Mr Leviseur, his Counsel, Dr Hyder said:

> *'Q I want to ask you now about such reflection that you have carried out, insofar as the Tribunal findings of dishonesty are concerned.*
> *A As I said, I had quite the insight into the Tribunal's findings of the fact of dishonesty. I accept full responsibility of my actions. I'm very sorry, very regretful – deeply regretful – about the actions which were pointed out by the previous Tribunal.'*

5. During cross-examination, by Mr Rankin, Dr Hyder said:

> *'MR RANKIN: …It's the issue of dishonesty/insight I want to explore with you, Doctor. You have produced a number of statements, variously entitled your "Personal witness statement", "Personal reflective statement regarding dishonesty", and so on – about six such documents. Whilst you have – let me put it this way – skirted around the issue of dishonesty in those statements, today, for the first time, you've said categorically you accept that your actions were dishonest. Okay?*
> *A That's correct, yes.'*

6. Both Counsel, and then each member of the Tribunal, asked Dr Hyder a series of questions in order to elicit evidence as to the extent and depth of his insight into his dishonest conduct. Dr Hyder's answers were not consistent, he provided a range of possible explanations for his actions at the time of his misconduct. He did not, with any certainty, explain why he acted as he did or what motivated him.

7. No further evidence was adduced at this stage of proceedings.

Submissions

On behalf of the GMC

8. On behalf of the GMC, Mr Rankin referred the Tribunal to relevant paragraphs of the Sanctions Guidance (2020) ('the SG'). Mr Rankin submitted that given the nature of this case, he did not propose to deal with the sanctions below suspension as they would be inappropriate. He submitted that the real issue in this case was whether suspension or erasure was the appropriate and proportionate sanction.

9. Mr Rankin accepted that Dr Hyder does not represent a risk to patient safety, but told the Tribunal that evidence of clinical competence cannot mitigate serious and/or persistent dishonesty. Mr Rankin submitted that the Tribunal cannot be satisfied that Dr Hyder has properly acknowledged fault or gained insight. He referred the Tribunal to its findings at the impairment stage. Mr Rankin submitted that Dr Hyder's admissions of dishonesty, at this very late stage, were not genuine. Instead, he submitted that Dr Hyder's admissions were convenient and necessary concessions designed only to mitigate his position. In those circumstances, Mr Rankin submitted, suspension was not the appropriate and proportionate sanction.

10. Mr Rankin submitted that erasure was the only appropriate sanction because Dr Hyder's dishonesty spanned a number of years and was therefore persistent; he continues to show little insight; his behaviour amounted to a particularly serious departure from GMP and is fundamentally incompatible with continued registration; his behaviour undermined the trust the public place in the medical profession. Mr Rankin submitted that erasure was the appropriate and proportionate sanction in this case.

On behalf of Dr Hyder

11. On behalf of Dr Hyder, Mr Leviseur submitted that in assessing Dr Hyder's dishonest behaviour and determining what sanction to impose, it must place the behaviour on the spectrum of dishonesty. He invited the Tribunal to assess the effects of Dr Hyder's behaviour on others and on himself. Mr Leviseur submitted that the consequences of Dr Hyder's dishonesty did not benefit him at all and there was no evidence that this behaviour occasioned harm. He submitted that Dr Hyder was qualified for the jobs he undertook from agencies and there is considerable evidence that he did them well.

12. Mr Leviseur acknowledged that the passage of time can sometimes help those who have fallen short of the standards expected of them to appreciate that what they have done is wrong and to enable them to accept that they did behave dishonestly. Mr Leviseur submitted that Dr Hyder was not to be criticised for defending himself against the Allegation and that this could not be identified as an aggravating feature. Mr Leviseur submitted that Dr Hyder has now acknowledged his dishonesty and reflected on it. He submitted that this had clearly been a difficult and chastening experience.

13. Mr Leviseur submitted that it was relevant that there was no suggestion that Dr Hyder had ever been dishonest in any clinical setting or in any instance other than those relating to the Allegation before the Tribunal. He submitted that this was of significance as to likelihood of repetition and remediation. Mr Leviseur acknowledged that the Tribunal would consider insight when assessing risk of repetition. He submitted that Dr Hyder has insight and equally as important, has been in practice for a very long period with no further dishonesty. He submitted that it is now over six years since Dr Hyder was last found to have acted dishonestly, and over nine years since the first incident.

14. Mr Leviseur submitted that Dr Hyder had taken practical steps in respect of his dishonesty in contacting the agencies, by telling staff and the hospitals at which he worked about his MRCP status and had made full and proper disclosures to his GP training scheme. Mr Leviseur submitted that there was evidence that Dr Hyder is a good competent medical practitioner who has a vision of integrated healthcare for the elderly. He submitted that the cumulative effect of these facts and mitigating features was that this was not a case where erasure was necessary. He reminded the Tribunal that Dr Hyder had already been removed from the register for six months until his appeal was allowed by consent. He submitted that this was an important factor to taken into consideration when determining what sanction to impose.

The Tribunal's Determination on Sanction

15. The decision as to the appropriate sanction, if any, to impose in this case is a matter for the Tribunal exercising its own judgment. In reaching its decision, the Tribunal has taken the SG into account and borne in mind the overarching objective.

16. 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 or discipline doctors, even

though they may have a punitive effect. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Hyder's interests with the public interest.

Insight

17. The Tribunal did not equate, in any way, Dr Hyder's original denial of dishonesty at the facts stage with his lack of insight.

18. Given the shift in Dr Hyder's evidence at the sanction stage, the Tribunal concluded that it was appropriate to again consider Dr Hyder's level of insight.

19. At the impairment stage, the Tribunal found that Dr Hyder had demonstrated a theoretical understanding of the importance of GMP and the principles of honesty and integrity and how being found to have breached those can impact on public confidence. He had not yet applied that learning to his own practice or considered its relevance to his proven misconduct. The Tribunal was not satisfied that the documentary evidence provided by Dr Hyder demonstrated that he had developed sufficient insight into, or remediated, his persistent dishonesty spanning three years. The Tribunal found that evidence as to insight and remediation was, at best, limited. It found that without a demonstration from Dr Hyder of an understanding about why he acted as he did, and why, those actions had been found to be dishonest, the Tribunal determined that there remained a risk of repetition.

20. The Tribunal had regard to Dr Hyder's oral evidence, given the day after its determination on impairment was handed down. Dr Hyder had acknowledged, for the first time on 7 September 2023, that he had acted dishonestly. However, the Tribunal found Dr Hyder's evidence was frequently inconsistent and evasive. He had not demonstrated sufficient insight into why he had acted dishonestly, what had motivated him to do so and why, he had, for such a significant period of time, failed to rectify the false information about his MRCP status he had provided to the locum agencies. Whilst it was accepted that there was no evidence Dr Hyder's dishonesty was in pursuit of financial gain, he had provided no evidence of insight into what had genuinely motivated him to act as he did. The Tribunal was unable to conclude, from the evidence before it, why Dr Hyder had decided to be dishonest about his MRCP status.

21. The Tribunal found that Dr Hyder's insight into his misconduct remained limited. His oral evidence had not provided sufficient reassurance to the Tribunal that he understood or had adequately reflected on his dishonest conduct. The Tribunal concluded that Dr Hyder had developed no more insight into his misconduct than that which had been set out in its determination on impairment.

Aggravating and Mitigating Factors

22. The Tribunal had regard to the previous Tribunal's determination on the facts and its own determination on impairment, both of which it took into account during its deliberations

on sanction. Before considering what action, if any, to take in respect of Dr Hyder's registration, the Tribunal considered and balanced the aggravating and mitigating factors in this case.

23. The Tribunal had regard to its findings regarding the seriousness of Dr Hyder's proven misconduct and the basis on which it had found current impairment. Dr Hyder had allowed the impact of his misrepresentation about MRCP to persist from 2014. He had reinforced his false MRCP status with the same agency in 2017 by providing his CV and had provided a similar CV to a different agency previously. Accordingly, the Tribunal identified that it was an aggravating factor that Dr Hyder's dishonesty was persistent as it had spanned a three-year period.

24. The Tribunal went on to identify the mitigating factors. It had regard to the positive testimonials provided by two clinical colleagues on Dr Hyder's behalf. It accepted that there was no evidence of any previous adverse regulatory findings, and in the six years since his most recent dishonest conduct, there had been no evidence of repetition. The Tribunal also accepted that Dr Hyder had, in his oral evidence, expressed regret and apologised to the Tribunal for his actions.

25. The Tribunal considered the aggravating and mitigating factors it had identified throughout its deliberations on what the appropriate and proportionate sanction to impose would be, if any. The Tribunal considered each sanction in ascending order of severity, starting with the least restrictive.

No action

26. The Tribunal first considered whether to conclude the case by taking no action. It accepted that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances. The Tribunal found that there were no exceptional circumstances in this case. It determined that action was required to uphold the overarching objective and that, given the seriousness of its findings, it would not be sufficient, proportionate, or in the public interest to conclude this case by taking no action.

Conditions

27. The Tribunal next considered whether to impose conditions on Dr Hyder's registration. The Tribunal acknowledged that conditions are appropriate and workable in certain circumstances, and concluded that those circumstances did not apply to this case. Further, in cases of dishonesty, the Tribunal accepted that it is difficult to identify any conditions that could be appropriate, proportionate, workable, and measurable. The Tribunal was also of the view that imposing conditions on Dr Hyder's registration would not sufficiently mark the seriousness of his dishonest conduct.

Suspension

28. The Tribunal went on to consider whether to impose a period of suspension on Dr Hyder's registration. The Tribunal accepted that suspension does have a deterrent effect and could be used to send a signal to Dr Hyder, the profession, and the public about what is regarded as behaviour unbefitting a registered doctor. The Tribunal acknowledged the SG provides that suspension may be appropriate where there is an acknowledgement of fault and it is satisfied that the misconduct is unlikely to be repeated.

29. The Tribunal had regard to paragraphs 91 to 106 of the SG. In particular, it considered paragraphs:

> *'92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).*
>
> *97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*
>
> > *a A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.*
> >
> > […]
> >
> > *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.'*

30. The Tribunal bore in mind that it was required to determine whether Dr Hyder's dishonest conduct was fundamentally incompatible with continued registration. To do so, it considered the other paragraphs of the SG that were engaged.

31. The Tribunal had not received any evidence of meaningful remediation from Dr Hyder. There had also been a three-month adjournment between his oral evidence and the

Tribunal determining sanction. Dr Hyder could have utilised that time to demonstrate further insight or remediation for his dishonest conduct. It considered that Dr Hyder had had ample time to complete relevant courses to allow him to go beyond his theoretical understanding of the importance of honesty, integrity and probity in the medical profession.

32. The Tribunal accepted that there was no evidence that Dr Hyder had repeated his dishonest conduct since 2017.

33. The Tribunal was not satisfied that Dr Hyder had sufficient insight into his misconduct, nor had he completed relevant remediation to mitigate the risk of repetition. Without sufficient insight and remediation, the risk of repetition remains.

34. The Tribunal acknowledged that Dr Hyder's dishonest conduct did not result in financial gain. However, it was persistent and despite the significant time elapsed, Dr Hyder had not demonstrated sufficient insight into his particular misconduct, and he had not adequately remediated.

Erasure

35. The Tribunal considered the paragraphs of the SG that indicated that erasure might be the appropriate sanction before determining whether Dr Hyder's misconduct was fundamentally incompatible with continued registration.

36. The Tribunal had regard to paragraphs 107 to 111 of the SG and found that paragraphs 108, 109a, 109b, 109h and 109j were relevant to its deliberations. In addition, it considered paragraph 125d of the SG:

> *'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.*
>
> *109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).*
>
> > *a A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.*
> >
> > *b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*
> >
> > *[…]*

h Dishonesty, especially where persistent and/or covered up (see guidance below at paragraphs 120–128).

[…]

j Persistent lack of insight into the seriousness of their actions or the consequences.

125 Examples of dishonesty in professional practice could include:

d inaccurate or misleading information on a CV'

37. The Tribunal had found that Dr Hyder's misconduct breached multiple paragraphs of GMP. It considered that those breaches were particularly serious because they were repeated on more than one occasion over a three-year period and had related to his qualification status in professional practice. Dr Hyder's dishonesty was persistent, and he had not, despite the significant time elapsed, demonstrated sufficient insight into the seriousness of his misconduct and its consequences. Having analysed his oral evidence at the sanction stage and concluded that Dr Hyder continued not to demonstrate any depth of insight, the Tribunal concluded that Dr Hyder had persistently been unwilling or unable to apply his theoretical understanding to his own actions and their consequences. The Tribunal concluded that Dr Hyder had had ample time to remediate and develop insight into his misconduct and had not done so.

38. The Tribunal concluded that, in the specific circumstances of this case, Dr Hyder's persistent dishonesty was fundamentally incompatible with continued registration. His actions amounted to a deliberate decision to mislead those connected to locum agencies about his MRCP status. He had not demonstrated sufficient insight into the reasons for his dishonest actions and had not remediated them. A risk of repetition remained because Dr Hyder has not meaningfully engaged with his misconduct or genuinely accepted responsibility for it.

39. The Tribunal concluded that erasure is the only appropriate sanction to promote and maintain public confidence in the medical profession, and to uphold proper professional standards and conduct for members of the profession.

40. The Tribunal therefore determined that Dr Hyder's name be erased from the Medical Register.

Determination on Immediate Order - 19/12/2023

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

Submissions

2. On behalf of the GMC, Mr Rankin submitted that it was appropriate and proportionate to impose an immediate order of suspension given the Tribunal's findings and the need to uphold the public interest.

3. On behalf of Dr Hyder, Mr Leviseur submitted that this was not a case where there was any identified risk to patient safety. He also submitted that it was relevant that there has been no interim order in place which has allowed Dr Hyder to continue with his GP training. In the circumstances of this case, Mr Leviseur submitted that an immediate order of suspension was not necessary.

The Tribunal's Determination

4. The Tribunal had regard to paragraphs 172 to 178 of the SG. It applied the principle of proportionality balancing the public interest with Dr Hyder's interests. It took account of the guidance, the submissions of both parties and the specific basis upon which the Tribunal reached its determination on sanction. In particular, it considered paragraphs 172 and 173:

> *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…*
>
> *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.'*

5. The Tribunal accepted that there was no risk to patients and therefore an immediate order was not necessary for that reason, nor was it in the best interests of Dr Hyder. However, given the particular circumstances of this case and the seriousness of Dr Hyder's misconduct, as reflected in the sanction it has imposed, the Tribunal concluded that immediate action was required to protect public confidence in the medical profession and uphold the overarching objective.

6. This means that Dr Hyder's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

7. There is no interim order to revoke.

8. That concludes the case.