

## PUBLIC RECORD

Dates: 31/05/2023 - 02/06/2023

Medical Practitioner's name: Dr Syed SHAH

GMC reference number: 6066237

Primary medical qualification: MB BS 2002 University of Peshawar, Khyber  
Medical College**Type of case**Restoration following  
disciplinary erasure**Summary of outcome**

Restoration application refused. No further applications allowed for 12 months from last application.

**Tribunal:**

Legally Qualified Chair	Mr David Urpeth
Lay Tribunal Member:	Mr Colin Sturgeon
Medical Tribunal Member:	Dr Candida Borsada

Tribunal Clerk:	Mrs Anne Bhatti
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**Attendance and Representation:**

Medical Practitioner:	Present and not represented
GMC Representative:	Mr Tom Broomfield, Counsel

### **Attendance of Press / Public**

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

### **Overarching Objective**

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

### **DETERMINATION ON RESTORATION FOLLOWING DISCIPLINARY ERASURE - 21/09/2016**

#### **Determination on Restoration - 02/06/2023**

1. The Tribunal has convened to consider Dr Shah's application for his name to be restored to the Medical Register following his erasure for deficient professional performance on 21 September 2016.
2. The Tribunal has considered the application in accordance with Section 41 of the Medical Act 1983, as amended ('the Act') and Rule 24 of the GMC (Fitness to Practise) Rules 2004, as amended ('the Rules').
3. This application, dated 10 October 2022, is Dr Shah's first application to be restored to the Medical Register.

### **Background**

4. Dr Shah qualified in 2002 and at the time of the events that led to his erasure he was undertaking his Foundation Year Two ('FY2') training at East Lancashire Hospital NHS Trust ('the Trust').
5. Dr Shah was referred to the GMC by the Trust on 1 August 2011 due to concerns that, in his FY2 training programme, he had not completed the General Practice or Psychiatry

placement, nor had he obtained a clinical supervisor's report from General Surgery. A decision was made by the Foundation Programme Directors at the Trust not to sign Dr Shah off for his FY2 year. They raised the following concerns about him:

- Lack of satisfactory completion of any placement evidenced by the clinical supervisors' report.
- Deteriorating 360-degree appraisal forms over the year.
- Failure to complete a clinical audit.
- More than one month off on sick leave.
- Issue of a warning following his late return from a holiday after being told not to take holidays at the start of his psychiatry placement.

6. In the light of the information from the Trust the GMC wrote to Dr Shah on 20 December 2011 to inform him that the Registrar had determined that an assessment of his professional performance was required.

7. Dr Shah underwent a General Medical Council assessment of the standard of his professional performance on 26 June 2012. Dr Shah's professional performance was found to be unacceptable in the following areas:

- Assessment of patients' condition.
- Providing or arranging treatment.
- Maintaining Good Medical Practice.

8. Dr Shah's professional performance was found to be a cause for concern in the following areas:

- Providing or arranging investigations.
- Relationships with patients.

9. In the Knowledge Test Dr Shah scored 49.16% which was below the minimum acceptable standard.

#### **The 2014 Fitness to Practice Panel ('the 2014 Panel')**

10. At the outset of the hearing Dr Shah admitted and the Tribunal found proved paragraph one of the Allegation and the remainder the Tribunal determined and found proved:

1. You underwent a General Medical Council assessment of the standard of your professional performance on 26 June 2012. **Admitted and found proved**

2. Your professional performance was unacceptable in the following areas:

a. Assessment of patients' condition, **Found proved**

b. Providing or arranging treatment, **Found proved**

c. Maintaining Good Medical Practice. **Found proved**

3. Your professional performance was a cause for concern in the following areas:

a. Providing or arranging investigations, **Found not proved**

b. Relationships with patients. **Found proved**

4. In the Knowledge Test you scored 49.16% which was below the minimum acceptable standard. **Found proved'**

11. The 2014 Panel considered all the documentary evidence and heard oral evidence from Dr A, Team Leader of the General Medical (GMC) Assessment Team, and the submissions made by Mr Peter Atherton, Counsel on behalf of the GMC, and those made by Dr Shah. The Panel was provided with a Performance Assessment Report dated 28 August 2012 ('the Report').

12. The 2014 Panel was satisfied that, in general terms, the findings of the Assessors were methodologically sound. The 2014 Panel accepted some of the mitigating factors put forward by Dr Shah including that he was unduly tired during the assessment, the focus of the test to be inappropriate to his particular interests in surgery and the long period that had elapsed between his graduation as a doctor in 2002 and the GMC Performance Assessment. The 2014 Panel was of the view that these may have contributed marginally to the level of deficiency revealed in the Assessment, but it did not consider that they were significant enough to compromise the overall validity of the findings.

13. Having announced its findings on the facts, the 2014 Panel considered whether Dr Shah's fitness to practise was impaired by reason of deficient professional performance. The

2014 Panel determined at the facts stage that his performance was deficient in many of the core areas of clinical practice. The standard of his work was found to be unacceptable in relation to the assessment and treatment of patients and the maintenance of Good Medical Practice dated 2013. The Panel also found that the quality of his communication with patients was a cause for concern.

14. The 2014 Panel accepted the findings of the assessment team, with the exception of Providing or arranging investigations. It was satisfied that the Report provided was a careful, comprehensive and balanced assessment of Dr Shah's clinical performance. The 2014 Panel considered that the areas of his performance identified as deficient, particularly those relating to the assessment and treatment of patients, were fundamental to the safe practice of medicine and to the requirements set out in Good Medical Practice. The 2014 Panel was satisfied that the deficiencies found proved were sufficiently serious to amount to deficient professional performance.
15. The 2014 Panel noted that the performance assessors had concluded that the standard of Dr Shah's performance was such that he should only be permitted to work on a limited basis, under direct supervision equivalent to that of an FY1 trainee. It accepted the opinion of the Assessment Team that the deficiencies identified were capable of remediation with appropriate training and supervision. It also accepted that Dr Shah had sufficient insight and motivation to be capable of engaging in a remediation programme. However, the 2014 Panel noted that Dr Shah had been unsuccessful in his attempts to put his re-training into effect. It considered that as a result Dr Shah had been unable to remediate his deficiencies. It therefore determined that Dr Shah's fitness to practise was impaired by reason of his deficient professional performance.
16. The 2014 Panel decided to impose conditions on Dr Shah's registration for a period of two years, including the requirement for his day to day work to be closely supervised. It considered this period would afford Dr Shah a reasonable opportunity to secure a post or posts that would offer a programme of supervised practice and access to training at a level which would allow him to gain his Foundation Achievement of Competency Document.
17. Dr Shah was advised that the reviewing Tribunal would be assisted by receiving the following:
  - Report(s) from his Educational Supervisor.

- Report(s) from his Workplace Reporter.
- Evidence that he had satisfactorily completed his FY2 training or of the steps he had taken towards achieving that goal.
- Report(s) from his Clinical Supervisor.
- A copy of his Personal Development Plan as agreed by his Educational Supervisor.
- Evidence that he had kept his medical knowledge up to date.
- Evidence as to his continuing professional development.
- Any other evidence that he felt would assist the Panel in reviewing his case.

### The 2016 MPT Review Tribunal ('the 2016 Tribunal')

18. The 2016 Tribunal considered whether Dr Shah had failed to comply with any of the conditions imposed on his registration by the 2014 Panel. The Tribunal found that Dr Shah had breached conditions 5 and 11a. Dr Shah had not breached conditions 6, 7 or 8.
19. The 2016 Tribunal determined that Dr Shah's fitness to practise was impaired by reason of his deficient professional performance. In reaching its decision it bore in mind that the deficiencies found proved by the 2014 Panel were significant and included shortcomings in skills that are fundamental for a doctor. It was also noted that Dr Shah scored 49.16% in the knowledge test which was below the minimum acceptable standard.
20. The 2016 Tribunal considered the letter provided by Dr Shah from Dr B at the Khyber Teaching Hospital dated 15 July 2016. It attached little weight to this for the following reasons:
- Dr Shah had provided no other objective evidence to support the assertions made regarding the improvements in his practice.
  - The details in the letter are also in conflict with other correspondence between Dr Shah and the GMC.
  - Dr Shah gave evidence regarding his work in Pakistan. However, the Tribunal found him to be an unsatisfactory witness and vague about the nature of his employment and how often he attended the hospital.
  - The GMC contacted Dr B to request further information from him including speaking with him by telephone but had not received further evidence from him.

21. The 2016 Tribunal accepted that Dr Shah has been unable to secure clinical work in the UK and therefore may be limited to the evidence he can provide. However, it would have expected him to provide additional evidence regarding his work in Pakistan and evidence that he has kept his medical knowledge up to date or of continuing professional development. The absence of this type of information suggested that Dr Shah lacked full insight into the seriousness of the deficiencies identified in the performance assessment.
22. The 2016 Tribunal considered that Dr Shah had not provided sufficient and satisfactory evidence that he had addressed the concerns raised by the 2014 Panel or that his professional performance was of the required standard to practise safely and without restriction in the UK. Furthermore the 2016 Tribunal considered that, given Dr Shah has now been out of medical practice in the UK for approximately four years at the time, this would inevitably result in further de-skilling.
23. The 2016 Tribunal concluded that Dr Shah’s behaviour was fundamentally incompatible with him continuing to be a registered medical practitioner. The 2016 Tribunal concluded that it was both proportionate and necessary to direct that Dr Shah’s name be erased from the Medical Register. It considers that this was the only means to promote and maintain public confidence in the medical profession and to promote and maintain proper professional standards and conduct for the medical profession.
24. The 2016 Tribunal determined that, given its determination on sanction, it was necessary, for the protection of members of the public and in the public interest, to impose an immediate order of suspension Dr Shah’s registration.

## **The Current Restoration Hearing**

### **The Evidence**

25. The Tribunal has considered all the evidence that it has received, both oral and documentary.

### **Witness Evidence**

26. Dr Shah provided an undated letter to the Tribunal, '*...to explain how I have worked hard to improve my clinical practice...*'. Dr Shah did not give oral evidence at the hearing. In addition, the Tribunal received evidence from the following witness on Dr Shah's behalf:

- Dr C, Ophthalmologist, by video link. Dr D had also provided a signed letter to the Tribunal dated 10 April 2023.

### Documentary Evidence

27. The parties provided the following documentary evidence:

- Dr Shah's restoration application dated 10 October 2022;
- Transcripts of MPT hearing and Review hearing dated 2014 and 2016;
- Determinations of MPT New hearing dated 15 September 2014;
- Determinations of MPT Review hearing dated 21 September 2016;
- Performance Assessment Report dated 28 August 2012;
- Report from Assistant Professor Dr B dated 15 July 2016;
- Training Certificates various dates;
- Two letters from Dr Shah undated;
- Reference from Dr C dated 10 April 2023;
- Reference from Dr D dated 13 April 2023;
- Letter from Afridi Medical Complex dated 18 April 2023.

### Summary of Evidence

28. Dr C works at the Khyber Medical Centre in Pakistan as an Ophthalmologist, senior clinician. She stated in her evidence that she regarded Dr Shah as safe and competent. Dr Shah had shown great progress over the years and had worked unsupervised from 2017 onwards. Dr Shah was a senior clinician and had shown a keen interest in managing patients. She obtained his opinion as well as referring patients to him. Dr Shah would also refer patients to her. Dr C found his notes consistent with thorough examination.

29. Dr D had worked with Dr Shah since 2016. Dr Shah specialises in Dermatology. They work in a polyclinic and Dr Shah is one of the doctors there. Dr D has known Dr Shah for six years. She would describe him to be very professional and clinically, very good. She has never had any issues with him and she finds him to be very competent.



30. Dr D was aware of the circumstances surrounding Dr Shah being erased from the Medical Register. Dr D was not involved in Dr Shah's training directly.

#### **Submissions on behalf of the GMC**

31. On behalf of the GMC, Mr Tom Broomfield, Counsel submitted that the GMC oppose Dr Shah's application for restoration as it would not be in accordance with all three limbs of the overarching objective if Dr Shah was to return to unrestricted practice. He submitted that the Tribunal could not impose conditions on Dr Shah's practice and unrestricted restoration would not be in line with the overarching objective to protect the public. Dr Shah had not been practising in the NHS or the UK for over 10 years.

32. Mr Broomfield submitted that the obligation is on Dr Shah to provide sufficient evidence that related directly to the failings that had been identified in 2012 and the deficits identified in Dr Shah's skills. It had been accepted by the GMC that these are capable of being remediated. The question for the Tribunal is whether there is sufficient evidence to demonstrate that they have been remediated and consider whether any remediation undertaken is relevant, measurable and effective. He submitted that the few references that have been provided by Dr Shah do not come close to satisfying any of those factors that are identified in the MPTS 'Guidance for medical practitioners tribunals on restoration following disciplinary erasure' ('the Guidance'), section B20. He referred the Tribunal to Dr Shah's statement that he had attended relevant courses and workshops and had sought the guidance of his colleagues and mentors. Mr Broomfield submitted that Dr Shah had not demonstrated the level of training and assessment that would be necessary for the Tribunal to be confident that Dr Shah could practice in the UK without restriction.

33. Mr Broomfield submitted that whilst Dr Shah was working in Pakistan, it was unclear what criteria were used and whether all the criteria had been satisfied, whether Dr Shah performed better in some aspects of a procedure or competency than others and how this was recorded. If it was recorded, it is unclear if any actions were put in place to develop Dr Shah's competencies to satisfy the test. The evidence Dr Shah would need to produce would have to be rigorous and substantial and it should certainly cover all of those aspects where his performance was found to be deficient over a decade ago.

34. Mr Broomfield submitted that Dr Shah had not provided a personal development plan which would enable the Tribunal to assess whether the steps that he put in place to

address the deficiencies in his practice were sufficiently rigorous and wide ranging. Dr Shah had not produced any evidence of specific reflections with regards to any of the training that he had undertaken in relation to the specific areas of his practice that he had sought to improve. He referred the Tribunal to a performance letter produced by Dr B for the hearing in 2016, where the Tribunal had stated that Dr Shah had provided no objective evidence to support the assertions made regarding the improvements in his practice with evidence that had been provided for that hearing.

35. He submitted that the more recent references in support of Dr Shah's application for restoration are far less detailed than Dr B's which the 2016 Tribunal found to be insufficient.
36. Mr Broomfield submitted that there was a risk of repetition of the deficient skills that were identified in the performance assessment in 2012, and therefore a risk of patient safety and public confidence in the profession. He referred the Tribunal to the Guidance which concerns the environment that Dr Shah has been working in since he was erased and required the Tribunal to consider whether his working environment is similar or dissimilar to where he intends to practice in the UK. He submitted that it was very difficult to get a sense of exactly what Dr Shah has been doing and what his practice entailed on a day to day basis and how that will correlate to what he intends to do if granted restoration to practice in the UK. Dr Shah had not yet completed the foundation level training in the UK and therefore the environment is likely to be different to what appears to have been his practice in recent years, which is unsupervised.
37. Mr Broomfield submitted there is no evidence of a certificate of good standing from Dr Shah's relevant Medical Regulatory Authority in Pakistan and Dr Shah's statement lacks sufficient detail. It was accepted by the GMC that there is some insight demonstrated in terms of an acceptance that there were areas of his practice that were deficient, but only general comments being made about learning from mistakes, etc. He referred the Tribunal to answers that had been provided by Dr Shah in his application for restoration including that he had no previous fitness to practice concerns. This was wrong. He submitted, at best, that this demonstrated carelessness and does not reflect well on Dr Shah's attention to detail.
38. Mr Broomfield submitted that Dr Shah was well aware of what was required of him, based on the hearings in 2014 and 2016 and in particular the Panel's determination in 2014, which identified material that would assist Dr Shah in a future hearing. He

submitted, Dr Shah could be under no illusion as to the amount of detail and the amount of material that would be sufficient in order for his restoration application to be successful and to demonstrate that his unrestricted practice in the UK would no longer pose a risk to patient safety. He said Dr Shah has failed to demonstrate this on the material that has been provided, and therefore still presents a risk to patient safety and confidence in the medical profession.

39. Mr Broomfield submitted that just because Dr Shah was working at consultant level and practising in Pakistan now does not relieve him of the obligation to provide sufficiently detailed evidence to reassure the Tribunal that he could safely practice medicine in the UK without restriction, and that doing so would be in accordance with the overriding objective.

#### **Dr Shah's submissions**

40. Dr Shah submitted that his fitness to practise was no longer impaired and he should be restored onto the medical register. He submitted that he was no longer the same person as 10 years ago, he has transformed and was completely different. When he initially came to the UK, he had passed PLAB (a written and oral and practical exam). He submitted that if he was not up to the standard which was recognised by the UK, he would not have been allowed to work in the NHS. He did all the hard work including six years of learning including internship and then he came to the UK. He referred the Tribunal to the difficulties international medical graduates had in 2005 and 2006. He explained that there were no opportunities for international medical graduates.
41. Dr Shah said he was now at a consultant level position. He worked in a hospital, then at his GP surgery and now he was a Dermatologist. He saw patients and treated them. He submitted that he had done online courses as well as seeing cases which was life learning.
42. Dr Shah offered for the Tribunal to ask him questions related to general physician work and assess him. He submitted that the misleading information in the restoration application was purely human error because he is from a non-English speaking background. He submitted that his learning was lifelong. He submitted that he wanted the Tribunal to give him the opportunity to help him wash the stigma of being erased from the Medical Register.

43. Dr Shah noted Mr Broomfield’s submissions that there was no evidence of him being supervised. He explained that this would be *‘going back to square one’* to have a doctor at his stage in his career be supervised. He was a junior doctor back in 2012 to 2014, where he worked and learned and came back as a more senior level doctor. He stated that Dr D would not be a doctor who would supervise him. Dr D had given an opinion on how he worked and how he saw patients.
44. He submitted that he was no longer a risk to patient safety as he now has international experience on top of his UK experience. He submitted he has experience in working in a hospital and now he was a general family physician working independently and Dr D would be aware of any concerns from patients. He reminded the Tribunal that Dr D had explained in oral evidence that there were no patient concerns.

### The Tribunal’s Approach

45. The Tribunal reminded itself that its power to restore a practitioner to the Medical Register in accordance with Section 41 of the Act is a discretionary power. This power is to be exercised in the context of the Tribunal’s primary responsibility to act in accordance with the statutory overarching objective to protect the public, as set out later in this determination.
46. While the Tribunal has borne in mind the submissions made by the parties, the decision as to whether to restore Dr Shah’s name to the Medical Register is a matter for this Tribunal exercising its own judgment. The Tribunal reminded itself that, if it directs that Dr Shah’s name should be restored to the Medical Register, it can do so only without restrictions on his practice.
47. Throughout its consideration of Dr Shah’s application for restoration, the Tribunal was guided by the approach laid out in the the Guidance.
48. The Tribunal reminded itself that the onus is on Dr Shah to satisfy it that he is fit to return to unrestricted practice and that the Tribunal should not seek to go behind the previous Tribunal’s findings on facts, impairment and sanction.
49. The guidance sets out at B2 that the test for the Tribunal to apply when considering restoration is:

*‘Having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective?’*

50. The Tribunal reminded itself that, in making its decision, it should consider the following five factors set out within paragraphs B4-B34 of the guidance which address:

- a. the circumstances which led to the erasure;
- b. whether Dr Shah has demonstrated insight into the matters that led to erasure, taken responsibility for his actions and actively addressed the findings about his skills;
- c. what Dr Shah has done since his name was erased from the register;
- d. the steps Dr Shah has taken to keep his skills and knowledge up to date; and
- e. the lapse of time since erasure;

and then go on to determine whether restoration would meet the overarching objective.

### **The Tribunal’s Decision**

51. The Tribunal has considered the parties’ submissions carefully and has evaluated all the evidence in order to reach its decision as to whether Dr Shah is fit to practise.

### **The circumstances which led to Dr Shah’s erasure**

52. The Tribunal fully considered the determinations of the 2014 Panel and the 2016 Tribunal throughout its deliberations and had regard to the background as set out above. The Tribunal noted that it should not seek to go behind any of the findings made by the 2014 Panel and the 2016 Tribunal.

53. The 2014 Panel imposed conditions on Dr Shah’s registration for deficient professional performance reasons. The 2016 Tribunal considered that there had been a breach of these conditions and went on to determine that Dr Shah’s name should be erased from the Medical Register.

**Whether Dr Shah has demonstrated insight into the matters that led to erasure, taken responsibility for his actions, and actively addressed the findings about his skills**

54. The Tribunal bore in mind B10 of the Guidance:

*'B10 Factors that can be relevant to a doctor demonstrating genuine insight include, but are not limited to, evidence they have:*

*a considered the concern, understood what went wrong and accepted they should have acted differently*

*b demonstrated that they fully understand the impact or potential impact of their performance or conduct, for example by showing remorse (see below)*

*c demonstrated empathy for any individual involved, for example by apologising fully (see below)*

*d taken steps to remediate and to identify how they will act differently in the future to avoid similar issues arising'*

55. The Tribunal bore in mind Dr Shah's undated letter to the Tribunal:

*'I acknowledge that my past performance fell short of the standards expected of a medical practitioner. I take full responsibility for my actions and accept the consequences of my poor performance.*

*...*

*I believe that I have now gained significant experience and knowledge in the medical field*

*...*

*I assure you that I am fully committed to providing the highest level of care to my patients, and I am willing to take any steps necessary to meet the required standards I have since taken proactive steps to improve my skills and knowledge in my field, attending relevant courses and workshops, and seeking the guidance of my colleagues and mentors.'*

56. Dr Shah had acknowledged that his past performance fell short of the standards expected and took responsibility of his actions. However, the Tribunal was of the view that Dr Shah had not provided sufficient objective evidence to support that he had gained significant experience and knowledge in the medical field. His statement, witness statements and certificates provide, at best, very limited detail.

57. Dr Shah had not provided any reflection on what he had learnt from the online training he had completed. In addition, he had not provided sufficient evidence of what work he had carried out in Pakistan, with the exception of a few letters to confirm that he was working as a doctor.

58. The 2014 Panel set out items that would assist a future Tribunal would be assisted by:

*'29. The panel concluded that your case should be subject to review. Shortly before the end of the period of Conditions, your case will be reviewed by a Fitness to Practise panel and a letter will be sent to you about the arrangements for that hearing. You are advised, but not directed, that the panel reviewing your case may be assisted by the following:*

- *Report(s) from your Educational Supervisor*
- *Report(s) from your Workplace Reporter*
- *Evidence that you have satisfactorily completed your FY2 training or of the steps you have taken towards achieving that goal;*
- *Report(s) from your Clinical Supervisor;*
- *A copy of your Personal Development Plan, as agreed by your Educational Supervisor;*
- *Evidence that you have kept your medical knowledge up to date;*
- *Evidence as to your continuing professional development;*
- *Any other evidence that you feel will assist the panel in reviewing your case.'*

59. The Tribunal took into consideration that no report has been provided from an educational supervisor or a workplace report. In addition Dr Shah has not provided evidence that he has completed FY2 training, although the Tribunal bore in mind that Dr Shah was not able to get a FY2 post due to the conditions directed by the 2014 Panel. In addition, no report had been provided from a clinical supervisor. The Tribunal has not been provided with a Personal Development Plan. Furthermore, there was limited evidence of Dr Shah keeping his medical skills up to date.

60. The Tribunal considered B30 of the Guidance:

*'B30 Less weight should usually be given to online courses as these do not generally provide a proper opportunity for a doctor to witness doctor/patient interaction first hand and this can limit their value. However, tribunals will need to consider if there are*

*good reasons why online learning was the best available way for the doctor to keep their knowledge and skills up to date. For example, if health issues or caring responsibilities meant they found it difficult to attend relevant learning in person.'*

61. Whilst the Tribunal bore in mind that Dr Shah had provided certificates of online courses he had completed, these equated to only 23 hours of online learning, 17 hours of which was completed over a period of two days. The 23 hours had been completed in 12 months (2020/2021) over a total of seven days. There was no other evidence of Continued Professional Development in any preceding or subsequent year. The Tribunal was of the opinion that this was limited effort. The Tribunal was not provided with reasons why Dr Shah had completed online courses only.

62. The Tribunal does recognise that as Dr Shah was no longer practising in the UK, he could not complete his FY2. It bore in mind the evidence provided from Dr B dated 15 July 2016. Dr B had said Dr Shah worked as a medical officer which is equivalent of FY2. However, the Tribunal had no objective evidence that Dr Shah could pass the FY2 training in the UK. Dr Shah had not provided the Tribunal with other evidence that he had completed similar type of work.

63. The Tribunal noted that although Dr Shah had stated that he had taken full responsibility for his actions, he had failed to address the findings of his impaired performance. The Tribunal was concerned that Dr Shah gave the impression that now that he was beyond junior level his clinical skills should not be questioned any longer. Dr Shah had failed to satisfy the Tribunal that he was fit to practise.

64. The Tribunal considered B27 of the Guidance:

*'B27 If the doctor has been practising overseas, tribunals should carefully consider whether they are in good standing, have provided a certificate to this effect, and if they are able to provide satisfactory references from current and previous employers.'*

65. The Tribunal took into consideration a letter from Afridi Medical Complex dated 18 April 2023 which stated:

*'It is certified that Dr S. M. Abid Shah has been practising in Afridi Medical Complex since 10<sup>th</sup> March 2019 as a family physician and Dermatologist. He owned clinic no 20*



*on second floor. He is found to be responsible and dutiful. We have no concern against his name.*

*Feel free to contact if any further information needed.*

*H.O.D Administration'*

66. Dr Shah had not provided a satisfactory certificate of good standing. The document provided did not include the name of the author or their qualification, matters which the Tribunal would have expected. The Tribunal was provided with no other evidence to support good standing, for example supervisory reports, assessments, references etc. In addition, the Tribunal had no detailed and clear evidence before them which set out what work Dr Shah was currently doing.
67. The Tribunal has not been provided with any evidence as to whether standards in Pakistan's medical system were equivalent to the UK medical system.
68. Dr Shah had stated that he has been working for 10 years in Pakistan since leaving the UK, but he had only provided the Tribunal with a few documents in support of his application, which do not go far enough to demonstrate that he was fit to practise without restriction in the UK.
69. Dr Shah had not provided the Tribunal with an assessment of his clinical skills.
70. The Tribunal was of the view that Dr Shah had not presented as someone who was sufficiently motivated to have his name restored onto the Medical Register, due to the lack of documentation to support his application for restoration.
71. The Tribunal concluded that Dr Shah had evidenced very limited remediation and had very limited insight into his deficient professional performance. Due to Dr Shah's lack of remediation and very limited insight the Tribunal determined that there was a risk of repetition of deficient professional performance.

**What Dr Shah has done since his name was erased from the register.**

72. Since Dr Shah was erased from the Medical Register he has been working in a variety of roles in Pakistan as a doctor. However, it was unclear to the Tribunal what level he was working at now. Dr Shah had stated in oral evidence that he was currently working at

consultant level as a general family physician in an independent practice, however there was no objective evidence to corroborate this.

### **The steps Dr Shah has taken to keep his medical knowledge and skills up to date.**

73. Dr Shah has been working in various roles in Pakistan. He has completed 23 hours of online course over a period of seven days in one year. 17 of those hours had been completed over a period of two days. No evidence has been provided that Dr Shah had reflected on what he had learnt and whether there had been any assessment for the online courses he had completed.

### **The lapse of time**

74. It is now over six years since Dr Shah was erased from the Medical Register on 21 September 2016 and over 10 years have elapsed since he underwent a Performance Assessment.

### **Will restoration meet the overarching objective?**

75. Having made the above findings as to whether Dr Shah is fit to practise, the Tribunal next had regard to the statutory overarching objective. In so doing, it performed a balancing exercise, weighing its findings above with its obligations under the individual limbs of the overarching objective which are:

- To protect, promote and maintain the health, safety and well-being of the public
- To promote and maintain public confidence in the profession, and
- To promote and maintain proper professional standards and conduct for members of that profession.

76. The Tribunal was of the view that there was a risk to patient safety if Dr Shah was to be restored to the Medical Register. Since Dr Shah was erased from the Medical Register, he has provided very limited evidence as to what he has been doing and the Tribunal has no objective evidence as to his medical skills or any objective assessment of his medical knowledge which in 2012 was found to be below the minimum acceptable standard. The previous Tribunal noted a period of deskilling prior to their last hearing and this hearing

can only conclude that the deskilling has continued. The Tribunal notes that Dr Shah was asserting that he was operating at a level which would not put patients at risk of harm however Dr Shah had not evidenced this.

77. The Tribunal concluded that Dr Shah's very limited insight, lack of remediation and risk of repetition would not protect, promote and maintain the health, safety and well-being of the public. That in turn would impact public confidence in the medical profession, which in turn would not promote and maintain proper professional standards and conduct for members of that profession.

78. Accordingly, the Tribunal determined that restoration of Dr Shah would be contrary to all three limbs of the overarching objective.

### **Conclusion**

79. In conclusion, the Tribunal was not persuaded that Dr Shah had developed sufficient insight into or remediation of his deficient professional performance. The Tribunal therefore determined that Dr Shah was not currently fit to practise without restriction. Accordingly, it determined that Dr Shah's name should not be restored to the Medical Register.

80. That concludes the case.