

PUBLIC RECORD

Dates: 14/06/2024

Medical Practitioner's name: Dr Tariq Aziz SIDDIQUI

GMC reference number: 6136276

Primary medical qualification: MB BS 1986 University of Sind

Type of case Outcome on impairment
Review - Misconduct Not Impaired

Summary of outcome
Suspension to expire

Tribunal:

Legally Qualified Chair	Ms Ijeoma Omambala
Lay Tribunal Member:	Mr Colin Sturgeon
Medical Tribunal Member:	Dr Aamna Khan
Tribunal Clerk:	Mr Sewa Singh

Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Mr Michael Rawlinson, Counsel, instructed by the MDDUS
GMC Representative:	Mr Dale Hughes, 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 Impairment - 14/06/2024

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

Background

2. Dr Siddiqui qualified with MBBS from Liaquat Medical College, Pakistan in 1986. Prior to the events which are the subject of this hearing Dr Siddiqui worked as a General Practitioner ('GP') in the Republic of Ireland, between 2008 and 2015.

3. At the time of the events which were the subject of the previous MPT hearing, Dr Siddiqui had been a GP partner at Cleveland Surgery ('the Surgery') since 1 July 2016 and he became Quality Outcome Framework ('QOF') Lead in early 2018. The Allegation that led to Dr Siddiqui's hearing concerned the administration of the Care Quality Commission ('CQC') Quality Outcomes Framework ('QOF'), the method by which the CQC, NHS England ('NHSE') and the Clinical Commissioning Group ('CCG') monitor the quality of the output from a GP surgery. Inspections conducted by the CQC, found that the Surgery's score of 65% was below the CCG average of 94% and the national average of 96%. Further, staff at the Surgery discovered that the QOF coding and entries were not accurate, and they subsequently made anonymous allegations to the GMC and NHSE, that Dr Siddiqui and two GP colleagues had been backdating QOF data in patient records.

4. These allegations led to various investigations by the NHSE, CCG and the CQC which found evidence confirming in part the allegations made. It was found that many of the 'QOF reviews' were not supported by evidence, just a clinical code that a review had taken place. There were no supporting care plans or text within the consultation records to suggest there had been a discussion with the patient. In some cases, the appointment had been with a different clinician to the one recording the review.

5. The CCG investigated the matter and sought to reclaim money which had been paid to the Surgery based on falsified QOF records. The CCG investigated patients' records for the periods 2017/18 and 2018/19 and found evidence that high numbers of records had been backdated, and in a large number of cases there was little or no evidence that reviews were being undertaken by the Surgery even where there was no backdating. The false records had resulted in overpayments made to the Surgery in the sum of £44,687.53.

May 2023 Tribunal

6. Dr Siddiqui's case was first considered by a Medical Practitioners Tribunal (MPT) in May 2023 ('the May 2023 Tribunal') commencing on 22 May 2023. At the outset of that hearing, Dr Siddiqui admitted the entirety of the allegations made against him, including that his actions were dishonest. Dr Siddiqui did not admit the allegation that his fitness to practise was impaired by reason of misconduct.

7. The May 2023 Tribunal went on to find that Dr Siddiqui's actions amounted to serious misconduct, and his actions had brought the medical profession into disrepute and breached fundamental tenets of Good Medical Practice (GMP).

8. In considering whether Dr Siddiqui's fitness to practise was impaired, the May 2023 Tribunal found that there had been no evidence of initial insight by Dr Siddiqui, instead he had made a concerted attempt to blame others for his wrongdoing. It took into account, however, that at the hearing Dr Siddiqui had made full admissions to the facts, and in his witness statement, recognised and accepted that his actions were dishonest. The May 2023 Tribunal was satisfied that this demonstrated developing insight. Further, the May 2023 Tribunal considered that whilst dishonesty is difficult to remediate, there was evidence of remedial action, namely Dr Siddiqui's admissions to the Allegation in full and his expressions of remorse and regret.

9. The May 2023 Tribunal noted that there were no public protection concerns. As Dr Siddiqui had admitted the entirety of the Allegation at Stage 1 and accepted his fitness to practise was impaired at Stage 2, the Tribunal determined that the risk of Dr Siddiqui repeating his dishonest behaviour was low. However, it considered that reasonable and well-informed members of the public and the medical profession would expect a finding of impairment to be made in this case, both to mark the seriousness of Dr Siddiqui's misconduct, and to uphold proper standards across the medical profession. The May 2023 Tribunal considered that public confidence in the profession would be undermined if a finding of impairment were not made in this case. It therefore determined that Dr Siddiqui's fitness to practise was impaired by reason of misconduct.

10. The May 2023 Tribunal went on to consider sanction. It accepted that Dr Siddiqui had taken steps to develop insight. It was satisfied that Dr Siddiqui had expressed remorse and regret and it accepted that Dr Siddiqui felt shame at his actions. However, the Tribunal was concerned that in his witness statement and written reflections Dr Siddiqui sought to minimise his behaviour by claiming that his intentions had been good and that his wrongdoing was somehow associated with his lack of knowledge of QOF rather than a deliberate dishonest act. The May 2023 Tribunal considered this response by Dr Siddiqui to be an attempt to deflect from his own wrongdoing in order to minimise his own liability.

11. Having considered and balanced the mitigating and aggravating factors in this case, the May 2023 Tribunal determined that the appropriate sanction in this case was a period of

suspension of significant length. It determined to suspend Dr Siddiqui's registration for the maximum length of time of twelve months. The May 2023 Tribunal considered that this period would enable Dr Siddiqui to complete his journey of insight and remediation and enable him, in due course, to return to practise and utilise his undoubted skills and abilities as a doctor to serve the public. The May 2023 Tribunal determined that it was not necessary to impose an immediate order of suspension on Dr Siddiqui's registration. It directed a review hearing and considered that the reviewing Tribunal may be assisted by the following:

- Further evidence of progression of remediation: Dr Siddiqui may wish to reflect on his past actions, his dishonesty, and the impact upon public confidence in the medical profession as well as upon his colleagues;
- Evidence of Continuing Professional Development and that he has kept up to date clinically during his period of suspension;
- Reflections on any learning or relevant courses that Dr Siddiqui has undertaken.

together with any other information Dr Siddiqui may wish to provide.

Today's Review Hearing

12. This is the first review hearing of Dr Siddiqui's case.

The Evidence

13. The Tribunal has taken into account all of the documentary evidence received. The Tribunal did not receive any oral evidence.

Documentary Evidence

14. The Tribunal received a number of documents which included, but not limited to, the following:

- Determinations from the May 2023 Tribunal hearing;
- Email correspondence dated 8 March 2024 from the GMC to Dr Siddiqui reminding him of today's hearing and the information which may assist the reviewing Tribunal;
- Dr Siddiqui's reflections following courses he had completed, These included two courses: one entitled 'Professionalism: fulfilling your duty as a doctor' on 23 November 2023; and another entitled 'Probity' on 7 December 2023;
- Certificates of completed Continuing Personal Development (CPD).

Dr Siddiqui's Reflections

15. In his personal reflections, Dr Siddiqui said that during the past year he had reflected upon his actions and had read and attended MDDUS courses and general learning. He said

that he had now developed a better understanding of professionalism and probity and would strive to reach the highest standards of professionalism from now on.

16. In his reflective statements Dr Siddiqui stated that he had attended CPD courses for self-education and in order to gain a better understanding of his professional responsibilities and duties. He stated that an ethical duty of candour was required to keep patients safe and contributed to adverse event recognition, adding that this included offering an apology with a clear expression of regret, a clear explanation of what had happened and what was responsible for the issue, details of the steps taken to rectify the situation, or to prevent it from happening again.

17. Dr Siddiqui's reflections went on to say that he had learnt how to promote a culture of openness and honesty, allow for review and improvements, and why reflection was important for support, wellbeing, learning and improving patient care. He stated that reflection of both positive and negative experiences and being supported to reflect, was important for individual wellbeing and development. Dr Siddiqui said that in the courses, he had learned about ensuring compliance with conduct requirements. He said that he had read the Medical Act 1983 and understood the pursuit by the GMC of the three limbs of the overarching objective.

18. Dr Siddiqui's reflections discussed his dishonest behaviour. He referred to GMP and stated that medical professionalism signified a set of values, behaviours and relationships which underpinned the trust the public had in the medical profession. He said that he had not acted professionally and said *'I have concluded that all my actions were dishonest.'* Dr Siddiqui stated:

'I acted dishonestly in entering the QOF.

I believe that I now have a true understanding that honesty is at the heart of the medical profession.

I asked many times to myself, why I acted dishonestly. It is it due to:

1. Lack of awareness or understanding of applicable laws.

2. Lack of knowledge of how/which regulatory guidance applied.

3. Or I was unable to decide between Right and Wrong

This was my failure, and mine alone, to act with honesty and professionally.'

19. Dr Siddiqui stated that the consequences of his dishonest actions caused dreadful effects on him, his family, his colleagues, the medical profession, and the public's trust in the medical profession. He said that the sanction of suspension *'profoundly affected my whole life. In the months after the suspension, I was XXX, guilty feeling and lack of sleep. My guilt feeling is mainly for my colleagues, my profession and public trust on us, which was destroyed by my dishonest actions.'*

20. Dr Siddiqui said that with the help of his friends, he had started meditation, yoga and exercise, and that he had started to build his confidence and mental strength to start a new

journey to *'become a better human being, a better doctor who will never ever act dishonestly in professional and personal life from now onward.'*

21. Dr Siddiqui went on to say *'I take the full responsibility of my dishonest actions which lead to my GMC suspension.'* and added that he had truly developed an insight into his dishonest actions and that his dishonesty had taught him a big lesson. Further, he said that he was confident he was a better person now and a good physician. He stated *'I can assure the panel that I will never act dishonestly in my professional and personal daily life from now onward.'* and *'I will always act with honesty and integrity in my professional and personal life.'*

22. Dr Siddiqui spoke about the probity course he had attended which had raised his awareness of potential risky behaviour that might lead to dishonest behaviour in both personal and professional settings, increased his understanding of probity and how values held in professional and personal life can affect the behaviour in clinical practice. He stated *'I learned that at heart of the medical professionalism is probity, encompassing honesty, trustworthiness, and integrity.'* He added that during the course they discussed different scenarios and cases and patient trust on the medical professionals and how to maintain professional boundaries.

23. On reflection, Dr Siddiqui stated:

'I have come to the conclusion that all my actions were dishonest from the start, which led to my suspension. I take full responsibility for my actions. This has given me a true insight into my dishonest actions. The consequences of my dishonest actions not only affected me, it also caused detrimental effects on my family, my colleagues, my profession and trust of the public in health professional. The NHS is already under pressure and my actions did not help to boost the morale of my colleagues.'

'I am truly feeling regretful for my actions and utterly disappointed in myself for acting dishonestly in this noble profession. I am sorry to all who directly or indirectly got hurt in the process. I wish I had the power to turn the clock back and would not take the same path.'

24. Dr Siddiqui considered that he now had a better understanding of the meaning of probity after attending the course and stated that probity would be the highest priority in his personal, professional and social life.

25. Dr Siddiqui said he had begun soul searching to find out why he had acted dishonestly and to find out the root cause for his actions. He said that after doing a self-analysis, he came to the conclusion that *'there was a blurring in my mind between right and wrong.'* He stated that he had taught himself that before making any decision and choice in his professional life, he must be honest with himself and not make any dishonest decisions. Dr Siddiqui added that he had lost some of his friends because of his dishonest behaviour and *'My XXX did not speak to me for six months.'* He added *'I feel that when I go out people look at me in a judgmental way. I feel disgusted and appalled of my previous actions of dishonesty.'*

Submissions

For the GMC

26. Mr Dale Hughes, Counsel for the GMC, acknowledged that Dr Siddiqui had submitted documentation by way of response to the matters which the May 2023 Tribunal suggested might assist the reviewing Tribunal. He submitted that the GMC's position was neutral on the matter of whether Dr Siddiqui's fitness to practise remained impaired.

For Dr Siddiqui

27. Mr Michael Rawlinson, Counsel, submitted that Dr Siddiqui's fitness to practise was no longer impaired. He said that Dr Siddiqui initially denied the allegations at the Rule 7 stage and noted that the May 2023 Tribunal was concerned about this despite his admittance of the Allegation in its entirety at the MPT hearing. Mr Rawlinson submitted that things had moved on significantly since the last hearing. He acknowledged the matters in this case are serious. He reminded the Tribunal that the May 2023 Tribunal found this was not a case where there were concerns about patient safety. Mr Rawlinson acknowledged that maintaining public confidence in the medical profession was a significant requirement and the burden to fulfil that rested with the practitioner.

28. Mr Rawlinson submitted that the only real question that remained was whether Dr Siddiqui had done what had been asked of him by the previous Tribunal. He referred the Tribunal to the matters which the previous Tribunal suggested would assist a future Tribunal reviewing Dr Siddiqui's case. One of those was that they wanted to see further evidence of the progression of remediation. Mr Rawlinson submitted that at the previous Tribunal Dr Siddiqui was already some way down the path in terms of his remediation. He acknowledged that if he had not been, then it was likely the previous Tribunal would have erased his name from the medical register. Mr Rawlinson submitted that Dr Siddiqui had made progress because now he absolutely owned and continues to own his dishonesty, and he was unequivocal in stating and accepting that the dishonest actions were his own and not anyone else's.

29. Mr Rawlinson submitted that there had been a clear evolution and clear progress in terms of the development of Dr Siddiqui's insight, his remediation and his reflection. Mr Rawlinson submitted that Dr Siddiqui had provided bespoke reflections and had made a genuine attempt to properly engage in reflecting on his past actions, particularly his dishonesty, as that was the key aspect. Mr Rawlinson submitted that Dr Siddiqui had demonstrated a clear understanding of the impact of his action on public confidence and the effect upon his colleagues.

30. Mr Rawlinson referred the Tribunal to the courses which Dr Siddiqui had completed and drew its attention to the certificates of attendance. He stated that the most relevant to the present purpose were the professionalism course and the probity course, which Dr

Siddiqui had completed and his reflections and learning from those courses. Mr Rawlinson reminded the Tribunal that the previous Tribunal found there was low risk of repetition. This he said had diminished even further with the length of the suspension and passage of time.

31. Mr Rawlinson submitted that it was not surprising that at the outset of a process a professional might minimise their behaviour by denying any wrongdoing, particularly a registrant who had no previous adverse fitness to practice history. He said that it was not surprising that sometimes doctors struggle to come to terms with what they had done.

32. Mr Rawlinson submitted that it was not important to consider where Dr Siddiqui had started from but where he had ended up. Referring to paragraphs 82 and 83 of the previous Tribunal's determination on sanction, Mr Rawlinson submitted that the current position was in stark contrast to that.

33. Mr Rawlinson submitted that during the period of suspension, Dr Siddiqui had made significant progress on his journey of developing insight and remediation. Mr Rawlinson submitted that Dr Siddiqui was a good doctor who had no adverse history with the GMC prior to these events. He added that Dr Siddiqui intended to return to work at the Surgery as a salaried GP and would not be involved in any work regarding QOF. Mr Rawlinson asked the Tribunal to find that Dr Siddiqui had demonstrated full insight into his misconduct and had remediated, and that he had throughout the period of suspension demonstrated that he is capable of being trustworthy, competent and capable of returning to clinical practice.

34. He referred the Tribunal to Dr Siddiqui's reflections. Further, Mr Rawlinson submitted that Dr Siddiqui now recognised why he acted in the way did – he simply did not know the difference between right or wrong. Mr Rawlinson submitted that the risk of repetition was reduced because Dr Siddiqui recognised that his actions were dishonest from the start, fully accepted responsibility for them, had reflected extensively and had made changes in his thought processes.

35. Mr Rawlinson submitted that there was a countervailing public interest in getting experienced, competent doctors back into practice for all sorts of reasons, one of which was to prevent any risk of deskilling. Mr Rawlinson submitted that Dr Siddiqui needed to now return to clinical practice so he could put all of his strategies and learning into operation.

36. In conclusion, Mr Rawlinson submitted that Dr Siddiqui had done all that was asked of him and more. He had kept his medical knowledge and skills up to date, and he had fully remediated his misconduct. Mr Rawlinson invited the Tribunal to find Dr Siddiqui's fitness to practise is no longer impaired

The Relevant Legal Principles

37. In a review case, in practical terms, there is a persuasive burden upon the doctor to demonstrate that all the concerns which have been identified have been adequately

addressed, and that remediation has taken place. If so, a Tribunal might then conclude that the doctor's fitness to practise is no longer impaired.

38. The Tribunal reminded itself that the decision in relation to impairment is a matter for the Tribunal's judgement alone. As noted above, the May 2023 Tribunal set out the evidence that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practice.

39. The Tribunal reminded itself of the questions posed by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of CHRE v NMC and Grant [2011] EWHC 927 (Admin), as follows:

'Do our findings of fact in respect of the doctor's misconduct...show that his/her fitness to practise is impaired in the sense that s/he:

- a. *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or...*
- d. *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

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

The Tribunal's Determination on Impairment

41. The Tribunal considered whether Dr Siddiqui's fitness to practise is currently impaired by reason of his misconduct.

42. The Tribunal had regard to the findings and conclusions of the May 2023 Tribunal, to the submissions from both parties, and to the documentation that has been provided to this Tribunal.

43. From the evidence placed before it, the Tribunal was satisfied that Dr Siddiqui's dishonest misconduct was remediable and that it has been remediated. Of particular relevance in reaching this conclusion were Dr Siddiqui's personal reflections.

44. The Tribunal noted that Dr Siddiqui had undertaken various online continuous professional development (CPD) courses to keep his medical knowledge and skills up to date. It considered that two courses Dr Siddiqui completed were particularly relevant to addressing

and remediating his misconduct, namely ‘Professionalism: fulfilling your duty as a doctor’ on 23 November 2023; and ‘Probity’ on 7 December 2023. These courses were pertinent to the matters which led to the misconduct found and subsequently to Dr Siddiqui’s registration being suspended.

45. Having considered the evidence set out above, the Tribunal was satisfied that Dr Siddiqui recognised that his dishonest misconduct was his alone, and he had taken steps to recognise what he had done wrong and why it was wrong, and has put in place strategies to help him to prevent a repetition of his misconduct. The Tribunal was satisfied that there was a low risk of Dr Siddiqui repeating his misconduct.

46. The Tribunal considered that the period of suspension had served to mark the seriousness of Dr Siddiqui’s misconduct and to promote and maintain proper professional standards and conduct for members of the profession. It had also served to promote and maintain public confidence in the medical profession. The Tribunal was mindful that there were no patient safety concerns in this case.

47. The Tribunal considered that Dr Siddiqui’s reflective statements were personal and nuanced. They demonstrated that he fully accepted that his actions were dishonest from the outset and that he was wholly responsible for those actions. Dr Siddiqui considered the impact of his dishonest conduct on his professional colleagues, the reputation of the profession and the NHS more widely. As a result Dr Siddiqui was better able to recognise the reasons for his dishonest conduct and the steps necessary to prevent any recurrence. This Tribunal is satisfied that Dr Siddiqui has produced persuasive evidence that he has built on the remedial actions which were acknowledged by the previous Tribunal. He has demonstrated that he has sufficient insight into his misconduct so it is unlikely he will repeat his misconduct. The Tribunal is satisfied that Dr Siddiqui has remediated his misconduct.

48. In the circumstances, the Tribunal has determined that Dr Siddiqui’s fitness to practise is not impaired by reason of misconduct. It considers that there is a public interest in good and capable doctors returning to unrestricted practise when they can do so consistent with the overarching statutory objective. The Tribunal has concluded that there is no reason for further or continued restrictions to be placed on Dr Siddiqui’s clinical practice.

49. The Tribunal noted that the current suspension on Dr Siddiqui’s registration is due to expire on 3 July 2024. The Tribunal took into account that the misconduct found in this case was serious and the May 2023 Tribunal imposed a period of suspension for twelve months to mark the seriousness of the misconduct found. In light of this, the Tribunal determined that the current substantive sanction of suspension should remain in place to run its course.

50. That concludes this case.