

PUBLIC RECORD

Dates: 03/07/2024 - 11/07/2024

Medical Practitioner's name: Dr Uzair IRSHAD

GMC reference number: 7478276

Primary medical qualification: MB BS 2009 Kabir Medical College at Gandhara University

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Impaired

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Paul Moulder
Lay Tribunal Member:	Ms Colette Neville
Medical Tribunal Member:	Dr Anup Singh

Tribunal Clerk:	Mrs Jennifer Ireland
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Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Mr Michael Hayton, KC, instructed by Burton-Copeland
GMC Representative:	Mr Alan Taylor, 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 Facts and Impairment - 05/07/2024

Background

1. Dr Irshad qualified in 2009 from Kabir Medical College at Gandhara University, Pakistan. He first obtained GMC registration in 2014. At the time of the events Dr Irshad was practising as a locum doctor for Care1Bank ('the Agency').
2. The allegation that has led to Dr Irshad's hearing can be summarised as follows: Between 15 August 2018 and 27 September 2019, Dr Irshad was contracted by the Agency to work eight-hour shifts at Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust ('Bassetlaw'), between 09:00-17:00 including a 30-minute unpaid lunch break. It is alleged that Dr Irshad submitted timesheets to various individuals at Bassetlaw for authorisation to claim for hours worked during this period. It is alleged that Dr Irshad altered a number of timesheets he submitted after they were signed off. It is alleged that Dr Irshad then submitted the altered timesheets to the Agency for payment. Dr Irshad is alleged to have known that he had altered the timesheets, had not worked the full hours claimed, and that he would be paid for hours he had not worked.
3. Between September 2019 and December 2020, Dr Irshad was contracted by the Agency to work eight-hour shifts at Barnsley Hospital NHS Foundation Trust ('Barnsley') between 09:00-17:00 including a 30-minute unpaid lunch break. It is alleged that Dr Irshad submitted timesheets to various individuals at Barnsley for authorisation to claim for hours worked during this period.

4. It is alleged that Dr Irshad altered a number of timesheets he submitted after they were signed off. It is alleged that Dr Irshad then submitted the altered timesheets to the Agency for payment. Dr Irshad is alleged to have known that he had altered the timesheets, had not worked the full hours claimed, and that he would be paid for hours he had not worked.

5. Further it is alleged that Dr Irshad signed or caused to be signed the signature of two of his colleagues on a number of timesheets, without their authorisation or knowledge. It is alleged that Dr Irshad then submitted the timesheets to the Agency for payment. Dr Irshad is alleged to have known that he had not worked the full hours claimed, and that he would be paid for hours he had not worked.

6. The referral to the GMC was made further to an investigation by the NHS Counter Fraud Authority.

The Outcome of Applications Made during the Facts Stage

7. The Tribunal granted the GMC's application, made pursuant to Rule 17(6) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that, to include the words 'That being registered under the Medical Act 1983 (as amended)' at the beginning of the Allegation as it was a sentence which should be included in every Allegation but had been omitted. Mr Taylor also made an application to include the word 'Foundation' in the subheading before the first formal Allegation, as it had been omitted. The applications were unopposed as the changes did not change the substance of the Allegation. The Tribunal accepted both amendments to the Allegation.

The Allegation and the Doctor's Response

8. The Allegation made against Dr Irshad (as amended) is as follows:

That being registered under the Medical Act 1983 (as amended): Amended under Rule 17(6)

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (Amended under Rule 17(6))

1. Between 15 August 2018 and 27 September 2019:

- a. you were contracted to work eight-hour shifts at Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust ('Bassetlaw') between the hours of 09:00-17:00 inclusive of a 30-minute unpaid lunch break; **Admitted and found proved.**
- b. you submitted timesheets to various individuals at Bassetlaw for authorisation to claim for hours worked during this period. **Admitted and found proved.**

Schedules 1- 3

2. You altered the timesheets as detailed at Schedule 1 after they had been signed/authorised by Ms A. **Admitted and found proved.**
3. You altered the timesheets as detailed at Schedule 2 after they had been signed/authorised by Ms B. **Admitted and found proved.**
4. You altered the timesheets as detailed at Schedule 3 after they had been signed/authorised by Ms C. **Admitted and found proved.**
5. You submitted the altered timesheets as described at Schedules 1-3 to Care1Bank to authorise payment. **Admitted and found proved.**
6. When you acted in the manner described at paragraph 5 above you knew:
 - a. you had made unauthorised amendments to the timesheets as described at paragraphs 2-4; **Admitted and found proved.**
 - b. you had not worked the full hours claimed; **Admitted and found proved.**
 - c. you would be paid for time you had not worked. **Admitted and found proved.**

Barnsley Hospital NHS Foundation Trust

7. Between September 2019 and December 2020:
 - a. you were contracted to work eight hour shifts at Barnsley Hospital NHS Foundation Trust ('Barnsley') between the hours of 09:00-17:00 inclusive of a 30 minute unpaid lunch break; **Admitted and found proved.**
 - b. you submitted timesheets to various individuals at Barnsley for authorisation to claim for hours worked during this period. **Admitted and found proved.**
8. In or around May 2020 you:
 - a. submitted a timesheet to Ms D to authorise which included a shift you had not worked; **Admitted and found proved.**
 - b. told Ms D you were doing research on that day. **Admitted and found proved.**
9. When you acted in the manner described at paragraph 8 above, you knew the information was not true because:
 - a. you were not at work that day; **Admitted and found proved.**
 - b. you were not employed/contracted to undertake research work. **Admitted and found proved.**

Schedule 4

10. You signed or caused to be signed the signature of Ms D authorising the start and end shift details as correct on the timesheets set out at Schedule 4. **Admitted and found proved.**
11. When you acted in the manner described at paragraph 10 you knew that:

- a. you had not submitted the timesheets to Ms D for review; **Admitted and found proved.**
 - b. Ms D had not authorised the start and end shift details as correct; **Admitted and found proved.**
 - c. Ms D did not sign the timesheets. **Admitted and found proved.**
12. You submitted the timesheets as described at Schedule 4 to Care1Bank to authorise payment. **Admitted and found proved.**
13. When you acted in the manner described at paragraph 12 you knew:
- a. you had not worked the full hours claimed; **Admitted and found proved.**
 - b. you would be paid for time you had not worked. **Admitted and found proved.**

Schedule 5

14. You altered the timesheets as detailed at Schedule 5 after they had been signed/authorised by Ms E. **Admitted and found proved.**
15. You submitted the altered timesheets as described at Schedule 5 to Care1Bank to authorise payment. **Admitted and found proved.**
16. When you acted in the manner described at paragraphs 14 and 15 you knew:
- a. you had made unauthorised amendments to the timesheets; **Admitted and found proved.**
 - b. you had not worked the full hours claimed; **Admitted and found proved.**

- c. you would be paid for time you had not worked. **Admitted and found proved.**

Schedule 6

- 17. You signed or caused to be signed the signature of Ms E authorising the start and end shift details as correct on the timesheets set out at Schedule 6. **Admitted and found proved.**
- 18. When you acted in the manner described at paragraph 17 you knew that:
 - a. you had not submitted the timesheets to Ms E for review; **Admitted and found proved.**
 - b. Ms E had not authorised the start and end shift details as correct; **Admitted and found proved.**
 - c. Ms E did not sign the timesheets. **Admitted and found proved.**
- 19. You submitted the timesheets as described at Schedule 6 to Care1Bank to authorise payment. **Admitted and found proved.**
- 20. When you acted in the manner described at paragraph 19 you knew:
 - a. you had not worked the full hours claimed; **Admitted and found proved.**
 - b. you would be paid for time you had not worked. **Admitted and found proved.**

Schedule 7

- 21. You signed or caused to be signed the signature of Ms E authorising the timesheets set out at Schedule 7. **Admitted and found proved.**
- 22. When you acted in the manner described at paragraph 21 you knew that:

- a. you had not submitted the timesheets to Ms E for review; **Admitted and found proved.**
 - b. Ms E had not authorised the start and end shift details as correct; **Admitted and found proved.**
 - c. Ms E did not sign the timesheets. **Admitted and found proved.**
23. You submitted timesheets as detailed at Schedule 7 to Care1Bank to authorise payment. **Admitted and found proved.**
24. When you acted in the manner described at paragraph 23 you knew:
- a. you were on annual leave; **Admitted and found proved.**
 - b. you had not worked those shifts; **Admitted and found proved.**
 - c. you would be paid for time you had not worked. **Admitted and found proved.**
25. Your conduct at paragraphs:
- a. 2-5 was dishonest by reason of paragraph 6, **Admitted and found proved.**
 - b. 8 was dishonest by reason of paragraph 9; **Admitted and found proved.**
 - c. 10 was dishonest by reason of paragraph 11; **Admitted and found proved.**
 - d. 12 was dishonest by reason of paragraph 13; **Admitted and found proved.**

- e. 14 & 15 was dishonest by reason of paragraph 16; **Admitted and found proved.**
- f. 17 was dishonest by reason of paragraph 18; **Admitted and found proved.**
- g. 19 was dishonest by reason of paragraph 20; **Admitted and found proved.**
- h. 21 was dishonest by reason of paragraph 22; **Admitted and found proved.**
- i. 23 was dishonest by reason of paragraph 24. **Admitted and found proved.**

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct.

The Admitted Facts

9. At the outset of these proceedings, through his counsel, Mr Hayton KC, Dr Irshad made admissions to all the paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation found proved by reason of the admissions.

Determination on Impairment

10. The 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 Irshad's fitness to practise is impaired by reason of misconduct.

The Evidence

11. The Tribunal has taken into account all the evidence received during the facts stage of the hearing.

12. The GMC served witness statements and exhibits on Dr Irshad in advance of the hearing and these were additionally provided to the Tribunal before the commencement of the hearing. This included an expert report from Ms G, a handwriting expert instructed by the GMC.

13. At the start of the hearing Dr Irshad made full admissions to the whole of the Allegation and Mr Hayton confirmed that there was no challenge to the witnesses' evidence, or to the GMC case as outlined by Mr Taylor. As a result, no witnesses were called to give oral evidence at the factual stage of the hearing. The Tribunal was bound by the Rules to receive into evidence the signed witness statements.

14. The Tribunal had regard to the documentary evidence provided, which included, but was not limited to:

- Timesheets submitted by Dr Irshad, various dates;
- Statements given to the NHS Counter Fraud Authority in the course of its investigation; and
- Exhibits to the NHS Counter Fraud Authority statements.

Submissions

15. On behalf of the GMC, Mr Taylor submitted that Dr Irshad's actions amounted to serious misconduct and that his fitness to practise is currently impaired by reason of his misconduct. He directed the Tribunal to the principles set out in Good Medical Practice (2013) ('GMP') and to relevant authorities on impairment.

16. Mr Taylor submitted that the second and third limbs of the overarching objective are engaged in this case, namely promoting and maintaining public confidence in the medical profession and promoting and maintaining proper professional standards and conduct for members of that profession. He reminded the Tribunal that it must engage in a two-step process. First, it must decide whether there has been misconduct; he submitted that the Tribunal must ask itself whether the facts admitted and found proved against Dr Irshad amount to serious professional misconduct. Then it must go on to determine whether, as a result, Dr Irshad's fitness to practise is impaired.

17. Mr Taylor submitted that Dr Irshad's misconduct was in the exercise of professional practice. It occurred in the context of his professional role in the exercise of his medical

calling, in that his dishonesty concerned timesheets made in relation to his work for two separate Trusts, being claims made in the workplace setting. Further, he submitted that Dr Irshad's conduct was also dishonourable, bringing disgrace upon himself and thereby prejudicing the reputation of the profession.

18. Mr Taylor submitted that Dr Irshad's conduct was serious in a number of ways. Firstly, Dr Irshad submitted fraudulent timesheets over a period of almost two years from February 2019 to December 2020 in relation to work for two separate Trusts. Secondly, during this period, Dr Irshad was defrauding the NHS by claiming and being paid for hours which he had not worked, including when he was on annual leave. Thirdly, he was breaching the trust placed in him by colleagues by amending the timesheets after they had been signed by those colleagues. Finally, he had been engaged in forging the signatures of colleagues who knew nothing about time sheets they had purportedly authorised.

19. Mr Taylor submitted that the dishonesty in this case was premeditated and repeated over a significant period of time, constituting a pattern of fraudulent claims. It was also persistent dishonesty and was covered up by forging the signatures of others. Further, he submitted that Dr Irshad's dishonest acts only came to light because of the suspicions of Ms E, not because Dr Irshad had himself decided to bring his dishonesty to an end.

20. Mr Taylor submitted that the extent of the fraud and the value of the financial gain to Dr Irshad has not been specifically quantified, but the sums involved were plainly significant. Dr Irshad's actions in submitting fraudulent claims would on their own constitute serious professional misconduct. However, Mr Taylor submitted that his actions were aggravated by his amendment of the timesheets after they had been signed by colleagues and by his forging of colleagues' signatures.

21. Mr Taylor submitted that Dr Irshad's dishonest conduct would undoubtedly be regarded as deplorable by fellow practitioners. He submitted that the need to uphold proper professional standards and public confidence in the profession would be undermined if no finding of impairment were made in the circumstances of this case. He submitted that reasonable and properly informed members of the public would be shocked and disgusted by Dr Irshad's actions in submitting fraudulent timesheets and defrauding the NHS over such an extended period. Dr Irshad's actions represent very serious departures from the standards of conduct and behaviour expected of registered medical practitioners and required a finding of

impairment to be made. Mr Taylor submitted that Dr Irshad had breached fundamental tenets of the medical profession which requires doctors to act with honesty and integrity in all circumstances.

22. On behalf of Dr Irshad, Mr Hayton submitted that Dr Irshad did not seek to contest that the admitted Allegation amounted to misconduct and did not challenge the submission that his fitness to practise is currently impaired by reason of that misconduct.

The Relevant Legal Principles

23. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof, and the decision concerning impairment is a matter for the Tribunal's judgement alone.

24. 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 ('serious professional misconduct'), and then whether the finding of that misconduct which was serious led to a finding of impairment of fitness to practise.

25. The Tribunal must determine whether Dr Irshad's fitness to practise is currently impaired, taking into account his 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.

26. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in *CHRE v NMC and Paula Grant* [2011] EWHC 297 (Admin). The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

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 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.'*

The Tribunal's Determination on Impairment

Misconduct

27. In determining whether Dr Irshad's fitness to practise is impaired by reason of misconduct, the Tribunal first considered whether the facts found proved amount to serious misconduct.

28. The Tribunal had regard to paragraphs 1, 65, 71 and 77 of GMP, which provide:

1 *Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*

...

65 *You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*

...

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.*

a *You must take reasonable steps to check the information is correct.*

b *You must not deliberately leave out relevant information.*

...

77 You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.'

29. The Tribunal was satisfied that deliberately altering timesheets and submitting them to the Agency for payment was misconduct. Whilst dishonesty can occur in a variety of ways, in the Tribunal's view, Dr Irshad's misconduct was serious. In reaching this conclusion the Tribunal noted that he submitted fraudulent time sheets on a significant number of occasions over a close to two-year period, while working at two different Trusts. Dr Irshad's actions defrauded the NHS and resulted in him being paid money to which he was not entitled. The Tribunal noted that Dr Irshad admitted to his dishonesty before this Tribunal.

30. Furthermore, the Tribunal considered that forging a colleague's signature was very serious. It was a serious breach of the trust placed in him by both his colleagues and the public. The Tribunal was satisfied Dr Irshad's behaviour was conduct that was unacceptable, and such that fellow practitioners would find deplorable. It concluded that Dr Irshad's dishonest conduct was both professionally and morally disgraceful. The Tribunal was satisfied that the misconduct was in direct breach of all the paragraphs of GMP set out above, because it involved serious, persistent dishonesty and so breached the trust the public places in its doctors.

31. Taking all of those factors into consideration, the Tribunal concluded that Dr Irshad's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to serious professional misconduct.

Impairment by reason of misconduct

32. The Tribunal, having found that the facts found proved amounted to serious professional misconduct, went on to consider whether, as a result of that misconduct, Dr Irshad's fitness to practise is currently impaired.

33. In determining impairment, the Tribunal considered whether the misconduct could be remedied. The Tribunal was mindful that dishonesty is difficult to remediate but not impossible. It also looked for evidence of insight, remediation and the likelihood of repetition and balanced those against the three limbs of the statutory overarching objective namely:

- protect and promote the health, safety and wellbeing of the public;

- promote and maintain public confidence in the medical profession; and
- promote and maintain proper professional standards and conduct for the members of the profession.

34. In considering the issue of insight, the Tribunal was of the view that Dr Irshad has provided no evidence of insight at this stage. The Tribunal was therefore unable to assess Dr Irshad's level of insight. Further, Dr Irshad has not provided the Tribunal any evidence of remediation. The Tribunal noted that Dr Irshad does not challenge the submission that his fitness to practise is impaired by reason of his misconduct.

35. The Tribunal next considered the risk of repetition. The Tribunal has seen no evidence of remediation and it therefore could not be satisfied that Dr Irshad has a sufficient understanding of the gravity of his misconduct and the impact it could have on the wider profession. This, coupled with the repeated nature of the conduct over a significant period of time, led the Tribunal to conclude that there remains a significant risk of repetition.

36. In considering the test set out by Dame Janet Smith and adopted in *Grant*, the Tribunal concluded that limbs (b) to (d) of the test were engaged. The Tribunal considered that Dr Irshad's conduct brought the medical profession into disrepute and that he had breached fundamental tenets of the profession, namely those requiring him to act with honesty, integrity and to act within the law.

37. In considering whether Dr Irshad's fitness to practise is currently impaired, the Tribunal took account the lack of evidence of insight or remediation and the assessed risk of repetition and considered it in conjunction with the overarching objective.

38. The Tribunal further considered that Dr Irshad's actions would damage public confidence in the profession if a finding of impairment were not made. The Tribunal was satisfied that a member of the public in full knowledge of the facts of the case would be very concerned about Dr Irshad's misconduct. The Tribunal was also of the view that given the admitted facts and findings of serious misconduct, a finding of impairment of fitness to practise was necessary to promote and maintain public confidence in the medical profession and to promote and maintain proper standards of conduct for the medical profession.

39. The Tribunal has therefore determined that Dr Irshad’s fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 11/07/2024

40. Having determined that Dr Irshad’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 as to the appropriate sanction, if any, to impose.

The Outcome of Applications Made during the Sanction Stage

41. The Tribunal granted Mr Hayton’s application on behalf of Dr Irshad, made pursuant to Rule 29(2) of the Rules, to adjourn the hearing until Monday 8 July 2024, in order to allow time to seek full instructions on the next stage and finalise documents for the Tribunal. The Tribunal’s full decision on the application is included at Annex A.

42. The Tribunal granted Mr Hayton’s application on behalf of Dr Irshad, made pursuant to Rule 35 of the Rules, to admit additional documentation. The Tribunal’s full decision on the application is included at Annex B.

The Evidence

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

44. Dr Irshad provided a reflective statement to the Tribunal and also gave oral evidence at this stage of the hearing.

45. The Tribunal also heard oral evidence from Mr F, Head of Operations at Humber Dermatology & Plastic Surgery, on behalf of Dr Irshad.

46. The Tribunal received further documentary evidence on behalf of Dr Irshad including:

- Continuing Professional Development (‘CPD’) certificates;
- Multi-source colleague feedback;
- Patient feedback;
- Testimonials in support of Dr Irshad from colleagues;
- A Testimonial from Dr Irshad’s Muftee; and

- Dr Irshad's CV.

Dr Irshad's evidence

47. Dr Irshad had provided a written reflective statement which set out his evidence concerning reasons for and his reflections on the misconduct. He was cross-examined by Mr Taylor and answered questions put by the Tribunal.

48. The Tribunal noted from Dr Irshad's reflective statement that he attributed his dishonesty to a number of factors. These included his unfamiliarity with the UK system when he came to work in the jurisdiction and personal issues. He raised that he had been XXX, at the time that the behaviour started, which turned his vision '*myopic*' and as a result Dr Irshad had made '*terrible mistakes*'. He also referred to unfortunate familial circumstances, with serious illness and some sad loss of close family members, which he stated had clouded his mind.

49. Dr Irshad accepted that he should not have claimed for hours that he had used to work on his application for his certificate of eligibility for specialist registration ('CESR'). He explained that this was an out of training process which involved, amongst other things, clinical based discussions, audits, and quality improvement projects. He accepted that this was not the same as claiming for '*admin*' days at the Trust. He accepted that he should not have claimed work hours for time he had been working on the CESR.

50. In response to questioning, Dr Irshad stated that there was no excuse for his dishonest and fraudulent actions. He explained that he had started his dishonest conduct in February 2019, and that he had lost control of himself during the initial COVID-19 period in early 2020, and this was when he had forged his colleagues' signatures. He stated that at this time he had these difficult personal and family circumstances, including family illness, XXX and loneliness. He explained that his dishonest behaviour was mindless and there was no excuse or justification. He stated he fully regretted his actions.

51. In his answer to questions by the Tribunal in oral evidence, Dr Irshad explained the matters in his personal life as '*contributory*' factors to his behaviour. Dr Irshad was asked to explain the reason that brought him to alter the first timesheet by both Mr Taylor and the Tribunal. Dr Irshad was clear that his motivation was not financial. He stated that his main priority was his family and his profession, not money. He said that he had lacked '*self-*

accountability and reflective processes’ in his life, which was a key reason why he continued his dishonesty. He told the Tribunal that it had only continued as he *‘had the opportunity to do it’* and *‘because of the person [he] was at that point in time’*. He stated that there was no real motive, but that it was *‘stupid’* and *‘egoistic’*. On further questioning, he explained that by *‘egoistic’* he meant *‘arrogance’* and that in his loneliness he *‘just didn’t care’*. He could not tell the Tribunal what would have happened had he not been caught.

52. Dr Irshad told the Tribunal that he was a changed person. He stated that he now had self-accountability and reflective processes in his mind, following conversations with his wife and other family members, and with a religious scholar, or Muftee, who had provided a testimonial. When asked what the conversations with his Muftee involved, he told the Tribunal that he had weekly discussions about the teachings of Islam, and about changing his perspective and bringing out self-accountability and reflective processes, which he was lacking during the period he was acting dishonestly.

53. Dr Irshad’s evidence to the Tribunal was that all of his referees had seen a full version of the Allegation he had admitted to. He told the Tribunal that it had been sent by his former representatives at an earlier stage. Dr Irshad told the Tribunal of his intention to repay the full amount of the financial losses, and had deposited a large sum of money in an account with his solicitors.

54. Mr F stated in his letter of testimonial that Dr Irshad is an extremely respected and highly regarded dermatology medic, who has demonstrated a high level of patient care in his current role. He had stated that Dr Irshad is regarded at the Trust as *‘noble, trustworthy and honest’*. Mr F also told the Tribunal that the Trust would be significantly inconvenienced, and the service would suffer from, any loss of Dr Irshad’s services. He also told the Tribunal that the Trust had started on contingency planning and was *‘on top of’* it.

Submissions

On behalf of the GMC

55. On behalf of the GMC, Mr Taylor submitted that the appropriate and proportionate sanction in this case was one of erasure. He reminded the Tribunal of the Overarching Objective and took it through the relevant sections of the Sanctions Guidance (2024) (‘the SG’), which sets out its role, and the purpose of imposing a sanction on a doctor.

56. Mr Taylor submitted that Dr Irshad's misconduct was serious, in that he submitted fraudulent timesheets on a significant number of occasions over a close to two-year period while working at two different Trusts. Dr Irshad's actions defrauded the NHS and resulted in him being paid money to which he was not entitled. He reminded the Tribunal of its comments, at the impairment stage, that *'forging a colleague's signature was very serious'* and that Dr Irshad's *'dishonest conduct was both professionally and morally disgraceful'*. Mr Taylor submitted that this case involved serious persistent dishonesty and breached the trust the public places in its doctors. He submitted that this is a very serious case which calls for a very serious response from the regulator and from the Tribunal.

57. In respect of mitigation, Mr Taylor submitted that Dr Irshad has no previous fitness to practise history. He also acknowledged that Dr Irshad has admitted his wrongdoing and expressed remorse, albeit very recently. He reminded the Tribunal that it must balance any mitigating factors against the seriousness of the misconduct and the aim of sanctions. Mr Taylor reminded the Tribunal that the reputation of the profession as a whole is more important than the interests of any individual doctor, and that personal mitigation had limited weight in this context.

58. Mr Taylor submitted that the remediation efforts made by Dr Irshad are somewhat perfunctory and overall inadequate when measured against the nature and scale of the dishonesty. He stated that there are some cases where a doctor's failings are difficult to remediate.

59. Mr Taylor stated that, so far as the testimonials are concerned, the summary read by the authors of the testimonials is quite different from the long list of 25 charges and seven schedules, and that must go to the weight the Tribunal attach to them. Further, he submitted that none of the referees it would appear, including Mr F, have seen the full list of allegations, including the schedules. He submitted that Dr Irshad's admissions are quite different to the summary provided to the testimonial authors.

60. Mr Taylor submitted that there is no meaningful or satisfactory explanation from Dr Irshad as to why he did what he did and why what he did was wrong. He stated that there is no reasoned explanation or analysis in the regulatory context as to the impact of his actions on public confidence in the profession, or on the promotion and maintenance of proper professional standards and conduct for members of the profession. He stated that there was

no reflection on the courses on ethics or what he learned from those courses, and how they have been applied in practice. Overall, Mr Taylor submitted there was an insufficient understanding of the gravity of the misconduct and its impact on the wider profession and in terms of the explanation as to why he did what he did. Mr Taylor submitted that it strained credulity that the motive was not financial, given that the timesheets claimed additional hours. He submitted that it was difficult to understand that this was done over a near two-year period without any financial motivation. He submitted that in all the circumstances insight is limited.

61. In terms of aggravating factors, Mr Taylor reminded the Tribunal that this conduct occurred in a professional setting and amounted to submitting fraudulent timesheets over a period of almost two years from February 2019 to December 2020 in relation to work for two separate Trusts. During this period, Dr Irshad defrauded the NHS, by claiming and being paid for hours which he had not worked, including when on annual leave. He submitted that Dr Irshad breached the trust placed in him by colleagues by amending the timesheets after they had been signed by those colleagues, and also forging the signatures of colleagues who knew nothing about time sheets they had purportedly authorised. He stated that the dishonesty in this case was premeditated, sustained, repeated over a period of time, persistent and covered up. Further, the dishonesty only came to light because of the suspicions of a colleague, not because Dr Irshad himself decided to stop it. Mr Taylor submitted that while there is no specific sum, it was clear that the sum involved is substantial.

62. Mr Taylor submitted that this is not a case where taking no action was appropriate, nor would conditions be sufficient or proportionate. Turning to suspension, he submitted that a case of this gravity calls for more than simply a signal to be sent out. He submitted that this was sustained persistent dishonesty, that was fundamentally incompatible with continued registration. He submitted that removal from the register is in the public interest and would fulfil the statutory Overarching Objective.

63. Mr Taylor submitted that it is well known that there is an importance for honesty and integrity for members of the medical profession and that findings of dishonesty lie at the top end of the spectrum of gravity of misconduct. He referred to the SG, which provides that evidence of clinical competence cannot mitigate serious and/or persistent dishonesty. He submitted that in all the circumstances the only appropriate and proportionate response is to erase Dr Irshad's name from the medical register.

On behalf of Dr Irshad

64. On behalf of Dr Irshad, Mr Hayton acknowledged Dr Irshad's behaviour was extremely grave and that the position Dr Irshad was now in was also grave. He submitted that all of the facts of this case, even when considering the sanction guidance, do not inevitably lead to a finding that the only appropriate sanction is one of erasure, and that suspension was all that was necessary.

65. Mr Hayton submitted that it was right that during the course of his evidence Dr Irshad was asked questions by the Tribunal and Mr Taylor as to how the dishonest behaviour began and the reasoning for it and Dr Irshad broadly rejected any financial motivation. He stated that whichever way it was viewed this was dishonest behaviour and an abuse of trust in the sense that it was money gained as a consequence of dishonest behaviour. He acknowledged that the misconduct was aggravated because it was over a period of time, related to two separate employers, and was brought to light not through Dr Irshad's own admissions.

66. Mr Hayton submitted that, without seeking to suggest that the forging of signatures is anything other than a particularly disgraceful element to the case, it did not amount to covering up, but was the mechanism of the dishonesty. He submitted that Dr Irshad had not sought to persuade other witnesses not to come forward, or to destroy evidence, but the forgery was itself the method of dishonesty.

67. In respect of the testimonials, Mr Hayton submitted that the evidence of Mr F was of real significance to the Tribunal's consideration in relation to what is the proportionate response to this behaviour. He accepted that Mr F had indicated that he had only received the summary of allegations. However, Mr Hayton explained that Dr Irshad's current solicitors were not his original representatives, and his understanding was that the previous representative had sent all the referees an earlier draft of the allegations, which was provided to the Tribunal. He suggested that Mr F may not remember receiving it, but it is Dr Irshad's understanding that it was sent. Mr F was clear that he had not seen a full list of the allegations.

68. Mr Hayton submitted however that, regardless of the referees having seen the full Allegation, this should not impact to any real degree upon the weight that the Tribunal attach to the referees. He submitted that the referees, coming from working within the NHS and

associated to Dr Irshad clinically, are aware that it was dishonesty against more than one employer over a period of time and that this has been admitted. He submitted that no referee would materially alter their opinion of Dr Irshad by seeing the full set of allegations because they are adequately summarised, and the key points are clear from the summary that they have been given. He submitted that the testimonials were impressive and spoke well of Dr Irshad as a doctor, in terms of his dealings with his fellow workers, his fellow clinicians and with his employer. Generally, the referees spoke of confidence in him in terms of his honesty. Further, in relation to Dr Irshad's Muftee, with whom he has ongoing counselling conversations, it showed a man who is somewhat different to the individual who embarked upon this prolonged period of dishonesty in relation to the elevation and the escalation of the claims for the work done.

69. Mr Hayton submitted that Dr Irshad had offered an explanation of personal and family stressors at the time, but he did not seek to suggest that his actions were anything other than morally and professionally disgraceful. He stated that there had been no subsequent dishonest behaviour suggested.

70. In respect of mitigation, Mr Hayton submitted that Dr Irshad's acknowledgement of wrongdoing occurred, according to Mr F's evidence, about 12 months ago. Dr Irshad had acknowledged that what he had done was dishonest and has not sought to present any innocent explanation for the facts. He submitted that the Case Examiners decision [in November 2023] was the moment where Dr Irshad realised the gravity of what he had done.

71. Mr Hayton submitted that Dr Irshad had offered to repay the money, and requests have been made of the GMC to seek to identify either a figure or an account where to send that money. Dr Irshad had acknowledged his guilt, had offered repayment and had reflected over a period of time on his behaviour. Mr Hayton submitted that this has had a very significant deterrent effect upon any potential dishonesty on his behalf in the future. He submitted that this behaviour, although over a period of time, amounts to a protracted one-off period of dishonesty that he has been brought to account for. He submitted that Dr Irshad now has a much stronger personal network of family, and religious resources that he can rely upon, which should enable the Tribunal to be confident that he is not someone who will behave in this way again.

72. Mr Hayton submitted that this is not a ‘*no action*’ case, nor is it one where conditions would be proportionate. He submitted that a period of suspension would be proportionate and meet the issues in this case. He stated that removing Dr Irshad from the medical register would have a profound impact upon the public. Dr Irshad is a hardworking, well respected, well thought of doctor, who behaved in a despicable way over a period of time, some years ago. He submitted that Dr Irshad is now a valuable member of a close-knit team of consultant level practitioners whose skillset is very much required by the public in the area in which he practises. He submitted that Mr F indicated that up to 500 appointments would be lost as a consequence of Dr Irshad being removed from practise for a period of four weeks. He submitted that this is pertinent to the Tribunal’s determination on the question of proportionality and the necessity of what the GMC suggests is the only sanction in this case.

73. Mr Hayton submitted that a period of suspension would mark this behaviour as despicable and would let Dr Irshad, the profession and the public know just how seriously it was viewed. It would also enable him to continue being a valued clinician providing valuable and important work in an area which it has been very difficult in recent times to recruit practitioners too.

74. Mr Hayton submitted that it is not an inevitable finding that this Tribunal erases Dr Irshad, although his behaviour was morally and professionally repugnant and disgraceful. Dr Irshad has shown insight, made admissions and has shown the willingness to repay the monies that he has unlawfully gained. Further Dr Irshad has the capacity to return to practise at some point and be what he has always wanted to be, which is a good doctor. He submitted that Dr Irshad has a high skillset, and that there are members of the public who would benefit from his skills in the future.

The Relevant Legal Principles

75. The Tribunal reminded itself that the decision as to the appropriate sanction to impose, if any, was a matter for it alone, exercising its own judgement. In reaching its decision on sanction, the Tribunal had regard to the SG, reminding itself that it was guidance and could be departed from provided there was a good reason. It bore in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it noted that any sanction imposed may have a punitive effect. It reminded itself that in deciding what sanction, if any, to impose, it should consider the sanctions available, starting with the least restrictive.

76. Throughout its deliberations, the Tribunal had regard to the Overarching Objective, which includes the protection of the public, the maintenance of public confidence in the profession, and the promotion and maintenance of proper professional standards and conduct for members of the profession. It applied the principle of proportionality, balancing Dr Irshad's interests with the public interest.

The Tribunal's Determination on Sanction

77. The Tribunal first identified what it considered to be the aggravating and mitigating factors in this case.

Aggravating factors

78. The Tribunal first gave consideration to its assessment of Dr Irshad's insight. In its determination on impairment, the Tribunal found that it had no evidence before it to demonstrate that Dr Irshad had insight. It has now received a reflective statement and oral evidence from him. The Tribunal noted that Dr Irshad has expressed remorse and shame for his actions, in that he has apologised.

79. The Tribunal was of the view that Dr Irshad had not shown an understanding of what went wrong, what were the causes of him embarking on a dishonest course of conduct, and he had not considered the impact of his behaviour on his colleagues or on the profession. The Tribunal was troubled by Dr Irshad's evidence, as he seemed unable to provide a reason for his actions, other than to deny any suggestion of a financial motivation. It determined that his insight was very superficial. Further, the Tribunal could see that while Dr Irshad had undertaken some courses on ethics, he had not demonstrated how this had impacted on his development of insight. In summary, the Tribunal was not satisfied that Dr Irshad has real insight into his misconduct and there remained a lack of insight.

80. Dr Irshad had involved and potentially implicated his colleagues in his dishonesty, by both altering timesheets already signed off and by forging the signatures of two colleagues. Some colleagues involved had reported feeling upset by Dr Irshad's *'very distasteful'* actions. The Tribunal was satisfied that his actions caused some distress to those involved and abused the trust placed in him, as he put them at risk of disciplinary action by implicating them in his fraudulent behaviour. His actions also abused the trust of his employer.

Mitigating Factors

81. The Tribunal then went on to consider the mitigating factors in this case. The Tribunal accepted that Dr Irshad has worked subsequently to the events without further incident.

82. The Tribunal accepted that Dr Irshad is of previous good character, having no previous findings made against him. It also noted that he admitted the facts before this Tribunal.

83. The Tribunal also noted that Dr Irshad had offered to repay the funds and had taken some steps to do so by making funds available to his legal representative so that they might make payment on his behalf. It noted that repayment has not yet occurred.

84. The Tribunal acknowledged that there may have been some personal and family stressors at the time which might have influenced his actions.

85. The Tribunal also considered the testimonials provided by colleagues on Dr Irshad's behalf, which speak well of him as a doctor. The Tribunal noted that the referees had witnessed nothing of concern regarding Dr Irshad's honesty. They were positive in their view of Dr Irshad as a fellow clinician. However, the Tribunal considered that the testimonials did not extend to particular detail about the allegations, or the writers' views of Dr Irshad in terms of the serious issues of public concern raised by the persistent dishonesty. Therefore, the Tribunal attached limited weight to the testimonials.

86. The Tribunal also had regard to the testimonial provided by Dr Irshad's Muftee, an Islamic scholar with whom Dr Irshad has had recent frequent discussions and who has supported Dr Irshad. The Tribunal considered that whilst the Muftee had obviously known Dr Irshad for a long period, and had a favourable view of his character, the reference did not discuss in detail an assessment of the allegations and Dr Irshad's motivations. The Tribunal noted, in the course of Dr Irshad's oral evidence, that he was not able to discuss in any great detail his learning from his discussions. While the testimonial spoke highly of him the Tribunal was not satisfied that this provided persuasive evidence of Dr Irshad's character and development as relevant to this particular misconduct.

The Tribunal's assessment of Dr Irshad's dishonesty

87. The Tribunal considered that Mr F's assessment of Dr Irshad had to be placed against the admitted facts proved and the persistent dishonesty involved. As regards the potential

loss of Dr Irshad's services, the Tribunal considered that it will have been apparent for some time that there were ongoing fitness to practise proceedings underway in respect of Dr Irshad. Mr F had informed the Tribunal that the Trust had some preparatory contingency plans in place. The Tribunal had to balance the public interest in having the service of doctors with the public interest in protection of the public, as set out in the Overarching Objective.

88. The Tribunal accepted legal advice that dishonesty in a professional person is a serious matter and is so regarded for doctors who have engaged in dishonest misconduct. It also took into account that honesty and integrity are fundamental tenets of the medical profession.

89. At the same time, the Tribunal also accepted advice that the courts have recognised that there is a '*spectrum*' of dishonest conduct. The Tribunal acknowledged that it had to engage with the facts of the case and decide the seriousness of it on a scale of dishonesty. The Tribunal bore in mind that there are cases of dishonest conduct for which Tribunals have imposed a lesser sanction than the most serious sanction, of erasure.

90. The Tribunal was concerned at features of the misconduct, as set out in its Impairment determination. In particular, it took into account the significant number of times that Dr Irshad submitted fraudulent timesheets, the period of nearly two years during which the dishonesty had been carried on and that it had occurred at two Trusts. The Tribunal also noted that it was particularly concerned at Dr Irshad's forgery of colleagues' signatures, which was very serious. It found his explanation of having commenced due to the relevant nurse being unavailable to sign during the COVID-19 pandemic, as she was busy elsewhere, as wholly insufficient.

91. The Tribunal considered that, despite the opportunity given, Dr Irshad was unable to provide any real explanation of his motivations for the inception of his dishonesty, why it had carried on for so long and why he had not ceased at any point. He referred to the other factors in his personal life as '*contributory*' to a root cause of arrogance or egoism, which led the Tribunal to be concerned over attitudinal issues on his part. He was not able to explain how any spiritual or religious guidance had contributed to any insight.

92. The Tribunal concluded that the dishonesty in this case was very serious and at the higher end of the spectrum of dishonesty. It concluded that this was so because of the long

period over which the dishonest conduct had been carried out. The dishonest acts had occurred by fraudulent completion of timesheets on a very significant number of occasions. The misconduct had been perpetrated against two Trusts and had involved others as apparent authorisation signatories. Dr Irshad had forged the signatures of two of his colleagues, on multiple occasions. The misconduct had only ceased when suspicions had been raised and an investigation commenced. It also involved a significant degree of abuse of trust and defrauding the NHS of an unspecified but substantial amount of money.

93. The Tribunal took into account its assessment of the dishonesty and balanced the aggravating and mitigating factors throughout its deliberations and went on to consider each sanction in order of ascending severity, starting with the least restrictive.

No action

94. The Tribunal first considered whether to conclude the case by taking no action. It noted that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

95. The Tribunal was satisfied that there were no exceptional circumstances in Dr Irshad's case which could justify it taking no action. Further the Tribunal considered that concluding the case by taking no action would be insufficient to protect the public interest and would not mark the seriousness of Dr Irshad's dishonest conduct.

Conditions

96. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Irshad's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable. The Tribunal noted that conditions may be workable where a doctor has insight into their misconduct, is likely to comply with conditions, and where a doctor is likely to respond positively to remediation or retraining. The Tribunal considered that none of these apply in Dr Irshad's case.

97. The Tribunal further considered that no workable or measurable conditions could be formulated which would address the seriousness of Dr Irshad's misconduct. It concluded that conditions would be insufficient to maintain public confidence in the profession or to promote and maintain standards for members of the profession.

Suspension

98. The Tribunal then went on to consider very carefully whether a period of suspension would adequately protect the public, maintain public confidence in the profession and uphold proper standards for its members. In considering whether to impose a period of suspension on Dr Irshad’s registration, the Tribunal had regard to paragraphs 91, 92, 93, 97(a), (e), (f) and (g) of the SG which provide:

- ‘91** *Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.*
- 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).*
- 93** *Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions (see paragraphs 24–49)*
- ...
- 97** *Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*

- a* A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.
- ...
- 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.'

99. The Tribunal had regard to its findings that Dr Irshad's conduct constituted breaches of GMP including paragraphs 1, 65, 71 and 77 and that his actions breached fundamental tenets of the profession, of honesty and integrity. The Tribunal was satisfied that the identified breaches represented a significant departure from GMP.

100. In considering whether Dr Irshad's conduct was fundamentally incompatible with continued registration, the Tribunal took into account the serious nature of the misconduct it has found. Despite his lack of previous adverse regulatory findings, and subsequent good conduct, Dr Irshad's misconduct was a reckless, premeditated and deliberate departure from the standards expected of a doctor. His actions were sustained over a long period of time, involved theft from public funds and forging his colleagues' signatures which could have had serious implications for those colleagues. The Tribunal viewed this as a serious abuse of the position of trust held by a doctor.

101. The Tribunal gave Dr Irshad some credit for having made an offer of repayment, although this was an attempt to return money that Dr Irshad should not have taken in the first place and had not actually been repaid. Although there were positive testimonials, these were given limited weight for the reasons set out above.

102. The Tribunal recognised that dishonesty is very serious and can undermine public confidence in the profession. It considered that dishonesty is difficult to remediate and had assessed the dishonesty as at the higher end of the spectrum. It took into account that the dishonesty in this case was within a clinical setting and involved Dr Irshad’s professional responsibilities.

103. The Tribunal reviewed the new evidence placed before it at this stage, including the reflective statement submitted by Dr Irshad and his oral evidence. It was not satisfied that this evidence demonstrated more than superficial insight or remorse. It noted that Dr Irshad was given opportunities in the course of the hearing to explain why he chose to engage in his dishonest conduct, but he was unable to do so. There was no evidence of learning from the ethics courses he had undertaken. The Tribunal considered that Dr Irshad fell considerably short of being able to demonstrate development of insight into his serious and persistent dishonesty. Further, the Tribunal considered that the risk of repetition remained high.

104. The Tribunal acknowledged that Dr Irshad did have positive testimonials from colleagues, and that he does appear to be an otherwise clinically competent doctor. It also considered the evidence of Mr F that losing Dr Irshad would have a serious impact on his current Trust. However, in the absence of a full understanding of his misconduct, remediation, reflection and insight, it was not satisfied that his clinical ability outweighed the need to protect the public interest and uphold professional standards.

105. The Tribunal was of the view that because of the seriousness of Dr Irshad’s conduct, together with the absence of insight, or remediation from Dr Irshad, it could not conclude that suspension was the appropriate sanction. It would not protect the public interest nor meet the statutory Overarching Objective, in respect of maintaining public confidence or declaring professional standards. The Tribunal was satisfied that the circumstances of Dr Irshad’s case were such that his misconduct is fundamentally incompatible with continued registration.

Erasure

106. The Tribunal therefore went on to consider whether the sanction of erasure was appropriate and proportionate.

107. The Tribunal had regard to paragraphs 108, 109(a), (b), (d), (h) and (j) of the SG and considered they were particularly relevant in Dr Irshad's case:

'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 difficult to remediate.*

b *A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety*

...

d *Abuse of position/trust (see Good medical practice, paragraph 81: 'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession').*

...

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.'*

108. For the reasons previously set out in the determination, the Tribunal was satisfied that Dr Irshad's conduct engaged each of the above paragraphs. There had been a

particularly serious departure from GMP and it regarded that the dishonest conduct was difficult to and had not been remediated. Dr Irshad had acted deliberately and in breach of the requirements of honesty and integrity in GMP. The Tribunal considered that the facts involved an abuse of the trust placed in the doctor by his colleagues and his employer, in allowing him to prepare and handle the timesheets containing important information. He had also abused that trust by forging some of his colleagues' signatures. The Tribunal noted that there was no evidence of an apology to Dr Irshad's colleagues or his employer directly.

109. The Tribunal did not accept that Dr Irshad's dishonest misconduct had been covered up by him, as the forging of signatures was part of the mechanism of the fraud.

110. The Tribunal took into account that Dr Irshad had no previous adverse findings against him and that it had been informed that there were no concerns regarding his conduct in his current post. There was no evidence of any subsequent misconduct. The Tribunal also took into account that Dr Irshad had given evidence about some of his unfortunate personal circumstances affecting him at the time of the events. However, the Tribunal did not accept that these matters offered a sufficient explanation of, and no excuse for, the persistent dishonesty in which he had engaged.

111. Further, the Tribunal had regard to the following paragraphs of the SG:

'124 *Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty.*

...

128 *Dishonesty, if persistent and/or covered up, is likely to result in erasure (see further guidance at paragraph 120–128)'*

112. The Tribunal acknowledged the need to balance the public interest with Dr Irshad’s interests, and to be proportionate in determining sanction. It considered that it is highly likely that Dr Irshad will suffer financial and reputational damage as a result of a decision to erase. However, the Tribunal bore in mind the judgment of the court in *Bolton v Law Society* [1994] 1 WLR 512 to the effect that the interests of the profession outweigh those of the individual.

113. The Tribunal acknowledged that erasure will mean the loss of a competent doctor to the public, however, it concluded that the need to uphold the Overarching Objective took precedence, in particular limbs (b) and (c): to promote and maintain public confidence in the medical profession; and promote and maintain proper professional standards and conduct for the members of the profession.

114. In all the circumstances, the Tribunal concluded that Dr Irshad’s interests are outweighed by the need to maintain public confidence in the profession and to declare and uphold proper standards of conduct and behaviour.

115. In the view of the Tribunal, bearing in mind the persistent and deliberate nature of the dishonest misconduct in this case and coupling this with the lack of any real insight demonstrated, Dr Irshad’s misconduct was fundamentally incompatible with continued registration. Therefore, the only appropriate sanction in this case is to direct that Dr Irshad’s name is erased from the medical register. The Tribunal concluded that a sanction of erasure was the only sanction that would mark the seriousness of Dr Irshad’s misconduct and be sufficient to uphold the statutory overarching objective.

116. The Tribunal therefore determined to erase Dr Irshad’s name from the medical register.

Determination on Immediate Order - 11/07/2024

117. Having determined that Dr Irshad’s name should be erased from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

Submissions

118. On behalf of the GMC, Mr Taylor submitted that an immediate order is required in this case. He referred the Tribunal to the relevant paragraphs of the SG and its own determination on Sanction. He submitted that an immediate order is in the public interest and to protect public confidence in the profession. He submitted that the findings of the Tribunal are serious and have led to a substantive sanction of erasure, and that an immediate order should be imposed in this case. He reminded the Tribunal of its finding that there was a risk of repetition in this case. Mr Taylor confirmed that there was no interim order in place.

119. On behalf of Dr Irshad, Mr Hayton submitted that the application was not opposed.

The Tribunal's Determination

120. In reaching its decision, the Tribunal considered the relevant paragraphs of the SG and exercised its own independent judgment. In particular, it took account of paragraphs 172, 173 and 178:

'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.

...

178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'

121. The Tribunal determined that an immediate order was necessary to protect public confidence in the medical profession and is otherwise in the public interest. Although there are no patient safety concerns in this case, the Tribunal was of the view that public

confidence would be undermined if Dr Irshad was permitted to practise unrestricted, given the serious nature of Dr Irshad’s misconduct, and the assessed risk of repetition.

122. This means that Dr Irshad’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.

123. There is no interim order to revoke.

124. That concludes this case.

ANNEX A – 11/07/2024

Application to adjourn proceedings under Rule 29(2)

125. On Friday 5 July 2024, following the announcement of the Tribunal’s determination on Impairment shortly after 09:30am, the Tribunal received an application made on behalf of Dr Irshad, pursuant to Rule 29(2) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004 (‘the Rules’) for the Tribunal to adjourn proceedings for the day and reconvene on Monday 8 July 2024.

Submissions

126. On behalf of Dr Irshad, Mr Hayton submitted that the application to adjourn was made in order to take full instructions from Dr Irshad before he gives oral evidence and to finalise the Stage 3 bundle. Further, Mr Hayton submitted that he intended to call additional witness evidence from Dr Irshad’s current line manager, and he would not be available until Tuesday at 09:30am.

127. Mr Hayton stated that there was a discrete issue regarding the Stage 3 bundle which would need to be resolved by the Tribunal, but he did not expect this would take a long time. Therefore, regardless of the Tribunal’s decision on adjournment, there would be a gap between Dr Irshad’s evidence and the next witness.

128. Mr Hayton submitted that the hearing was very much on track for concluding within the eight-day listing, even allowing for the additional time at this stage.

129. On behalf of the GMC, Mr Taylor did not object to the application. He stated that he had discussed the matters with Mr Hayton and agreed that the hearing was well within the time scale for concluding regardless of the outcome of this application.

The Tribunal's approach and decision

130. The Tribunal reminded itself of Rule 29(2) of the Rules, which states:

‘Where a hearing of which notice has been served on the practitioner in accordance with these Rules has commenced, the Committee or Tribunal considering the matter may, at any stage in their proceedings, whether of their own motion or upon the

application of a party to the proceedings, adjourn the hearing until such time and date as they think fit.'

131. The Tribunal noted that the application was effectively to adjourn for the majority of a single sitting day. The Tribunal considered that an adjournment of this length would not unduly delay proceedings.

132. The Tribunal also took into account that it was at the final stage of the hearing, with five full days remaining in the current listing. The Tribunal considered that if it was to adjourn at this stage, there would be sufficient time to conclude the hearing. It was satisfied that, in the circumstances, an adjournment balanced fairness to Dr Irshad with fairness to the GMC and the public interest in concluding these proceedings in a timely manner.

133. Accordingly, the Tribunal determined to adjourn the hearing until 9.30 am on Monday 8 July 2024.

ANNEX B – 11/07/2024

Application to admit further evidence under Rule 34

134. At the outset of the sanction stage, Mr Hayton, on behalf of Dr Irshad, made an application pursuant to Rule 34 of the Rules, for an additional document to be admitted as part of his case.

135. The document was an extract from the Case Examiners decision to refer Dr Irshad's case to the MPTS.

Submissions

136. On behalf of Dr Irshad, Mr Hayton submitted that the document ordinarily would not be placed before a Tribunal because it is a separate process by a separate individual who examines the allegations before determining whether it comes before the MPTS. He stated that it amounts to a whole separate decision process that ordinarily a Tribunal would not see because of the potential to prejudice its views against the doctor.

137. Mr Hayton submitted that Dr Irshad seeks to rely upon it because that was the stage at which a written document was presented to him setting out a negative view of his behaviour which caused him to reflect upon his position and his behaviour. Mr Hayton submitted that Dr Irshad has been appropriately advised by his solicitor and counsel as to how to present his case and he wishes to contextualise his views of his own behaviour and actions.

138. Mr Hayton submitted that the GMC are concerned about potential prejudice to Dr Irshad, however, he submitted that, on principle, Dr Irshad should be able to present material to put forward his case at any of the stages before a Tribunal without it being excluded. He stated that it is for Dr Irshad to present his case and if there is material that is potentially prejudicial to him, then it is for him to determine, properly advised, whether to rely upon it or not. He submitted that the approach of the GMC is overly cautious. He reminded the Tribunal that the Allegation had been admitted and found proved in this case so there is no prejudice in viewing the document.

139. Mr Hayton stated that if Dr Irshad was prevented from putting evidence before the Tribunal in the way that he seeks to do it, then that would be where the prejudice would lie. He submitted that it would be unfair to Dr Irshad to exclude the document at this stage.

140. On behalf of the GMC, Mr Taylor submitted that the GMC was opposed to the document being admitted. He stated that the Tribunal is being asked to view an extract, not the full document, which usually contains an analysis of the evidence that the Case Examiners have before them in order for them to determine whether the case should be referred to the MPTS.

141. Mr Taylor submitted that, although it might be that the GMC is being accused of being overly cautious, it is proper for a regulator to be cautious and the GMC did not want to associate itself with a prejudicial document going before a Tribunal. Mr Taylor submitted that it is not normal for a Tribunal to view the decision of a Case Examiner. He stated that it adds nothing to the case and the Allegation has been accepted and admitted by Dr Irshad. He submitted that he was not sure exactly how it contextualises Dr Irshad's view of his behaviour.

142. Mr Taylor submitted that the test for admitting additional evidence was one of fairness and relevance. He submitted that there was nothing in the document that was relevant to sanction.

143. Mr Taylor stated that he understood Dr Irshad was ably represented and had been advised about potential prejudice and submitting whatever evidence he wants to deploy. He stated however that it would not assist the Tribunal if it was to see this document. He also wished to make it very clear that the GMC wished to avoid being aligned with or associated with a prejudicial document of this nature going before the Tribunal.

The Tribunal's Decision

144. The Tribunal first considered the issue of the relevance of the report. It noted that the scope of a Case Examiners decision was whether there was a case to answer in respect of the Allegation. It considered that this was very different to that of the Tribunal, determining facts and impairment. Furthermore, the facts in their entirety had been admitted and found proved.

145. The Tribunal took into account Mr Hayton's submission that this document had helped Dr Irshad to reflect on his actions. On that basis, it accepted that there may be some relevance to the document.

146. The Tribunal next considered the issue of fairness in admitting the document. It carefully considered fairness to both parties. The Tribunal could not see that there was any unfairness to the GMC in admitting the document and that the objection was raised on principle regarding concerns over potential prejudice to Dr Irshad.

147. The Tribunal also could not see that admitting the document would be unfair to Dr Irshad, given he had requested for it to be submitted. On the contrary, the Tribunal was of the view that there was a risk of unfairness if it did not admit the document.

148. The Tribunal noted that there were alternative ways that this evidence could have been presented such as by copying it into a statement and reflecting on it in that way. However, overall, it was content to receive it in this way, on the basis that this was Dr Irshad's request.

149. Therefore, the Tribunal concluded that the document is relevant, and that it would be fair to admit it into evidence, and granted Mr Hayton's application.

SCHEDULE 1

Date	Original times recorded	Altered times to
	Start time	Start time
Week Ending 15 February 2019		
11/02/2019	09:00	08:00
12/02/2019	09:00	08:00
13/2/2019	09:00	08:00
14/2/2019	09:00	08:00
Week 22 February 2019		
18/2/2019	09:00	08:00
19/2/2019	09:00	08:00
20/2/2019	09:00	08:00
21/2/2019	09:00	08:00
22/2/2019	09:00	08:00
Week ending 1 March 2019		
25/02/2019	09:00	08:00
26/2/2019	09:00	08:00
27/2/2019	09:00	08:00
28/2/2019	09:00	08:00
1/3/2019	09:00	08:00
Week ending 8 March 2019		
04/03/2019	09:00	08:00
05/03/2019	09:00	08:00
06/03/2019	09:00	08:00
07/3/2019	09:00	08:00
08/03/2019	09:00	08:00

Record of Determinations –
Medical Practitioners Tribunal

Week ending 22 March 2019		
18/3/2019	09:00	08:00
19/3/2019	09:00	08:00
20/3/2019	09:00	08:00
21/3/2019	09:00	08:00
22/3/2019	09:00	08:00
Week ending 29 March 2019		
25/03/2019	09:00	08:00
26/03/2019	09:00	08:00
27/03/2019	09:00	08:00
28/03/2019	09:00	08:00
29/03/2019	09:00	08:00

SCHEDULE 2

Date	Original times recorded	Altered times to
	Start time	Start time
Timesheet week ending 25 April 2019		
24 April 2019	09:00	08:00
25 April 2019	09:00	08:00
26 April 2019	09:00	08:00
Timesheet weekending 3 May 2019		
29 April 2019	09:00	08:00
30 April 2019	09:00	08:00
1 May 2019	09:00	08:00

Record of Determinations –
Medical Practitioners Tribunal

2 May 2019	09:00	08:00
3 May 2019	09:00	08:00
Time Sheet week ending 11 May 2019		
8 May 2019	09:00	08:00
9 May 2019	09:00	08:00
Time Sheet week ending 17 May 2019		
13 May 2019	09:00	08:00
14 May 2019	09:00	08:00
15 May 2019	09:00	08:00
16 May 2019	09:00	08:00
17 May 2019	09:00	08:00
Time Sheet Week ending 25 May 2019		
20 May 2019	09:00	08:00
21 May 2019	09:00	08:00
22 May 2019	09:00	08:00
23 May 2019	09:00	08:00
24 May 2019	09:00	08:00
25 May 2019	09:00	08:00

Record of Determinations –
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Week Ending 7 June 2019		
4 June 2019	09:00	08:00
5 June 2019	09:00	08:00
6 June 2019	09:00	08:00
Week Ending 14 June 2019		
12 June 2019	09:00	08:00
Week Ending 21 June 2019		
17 June 2019	09:00	08:00
18 June 2019	09:00	08:00
19 June 2019	09:00	08:00
20 June 2019	09:00	08:00
21 June 2019	09:00	08:00
Week ending 28 June 2019		
25 June 2019	09:00	08:00
27 June 2019	09:00	08:00
Week ending 15 July 2019		
10 July 2019	09:00	08:00
11 July 2019	09:00	08:00
Week ending 19 July 2019		
16 July 2019	09:00	08:00

SCHEDULE 3

Date	Original times recorded		Altered to	
	Start time	Finish Time	Start time	Finish Time
22 - 26 July 2019	09.00	17:00	08.00	17:20
29 July - 2 August 2019	09.00	17:00	08.00	17:20
5 August - 30 August 2019	09.00	17:00	08.00	17:20
2 - 6 September 2019	09.00	17:00	08.00	17:20
9-13 September 2019	09.00	17:00	08.00	17:20
16-20 September 2019	09.00	17:00	08.00	17:20

SCHEDULE 4

week ending 6 March 2020
week ending 13 March 2020
week ending 10 April 2020
week ending 17 April 2020
week ending 8 May 2020
week ending 22 May 2020
week ending 29 May 2020
week ending 5 June 2020
week ending 12 June 2020
week ending 19 June 2020
week ending 26 June 2020
week ending 3 July 2020

week ending 10 July 2020
week ending 17 July 2020
week ending 24 July 2020
week ending 31 July 2020
week ending 14 August 2020
week ending 21 August 2020
week ending 28 August 2020
week ending 30 October 2020
week ending 6 November 2020
week ending 13 November 2020
week ending 20 November 2020

SCHEDULE 5

Date	Original times recorded				Altered times to			
	Start time	End Time	Total UNPAID breaks	Total Hours worked Less Unpaid	Start time	End Time	Total UNPAID breaks	Total Hours worked Less Unpaid
Week ending 4 September 2020								

**Record of Determinations –
Medical Practitioners Tribunal**

1 September 2020	09:00	17:00	-	8 hours	08:00	18:20	20 mins	10 hrs
2 September 2020	08:30	16:30	-	8 hours	08:00	18:20	20 mins	10 hrs
3 September 2020	08:30	16:30	-	8 hours	08:00	18:20	20 mins	10 hrs
4 September 2020	08:30	16:30	-	8 hours	08:00	18:20	20 mins	10 hrs
Week ending 11 September 2020								
7 September 2020	08:30	17:00	-	8.5	08:00	18:20	20 mins	10 hrs
8 September 2020	09:00	17:00	-	8.0	08:00	18:20	20 mins	10 hrs
9 September 2020	08:30	17:00	-	8.5	08:00	18:20	20 mins	10 hrs
10 September 2020	08:30	17:00	-	8.5	08:00	18:20	20 mins	10 hrs
11 September 2020	08:30	17:00	-	8.5	08:00	18:20	20 mins	10 hrs
Week ending 18 September 2020								
14 September 2020	08:30	17:00	-	8.5	08:00	18:20	20 mins	10 hrs
15 September 2020	09:00	17:00	-	8.0	08:00	18:20		10 hrs
16 September 2020	08:30	17:00	-	8.5	08:00	18:20		10 hrs
17 September 2020	08:30	17:00	-	8.5	08:00	18:20		10 hrs

Record of Determinations –
Medical Practitioners Tribunal

18 September 2020	08:30	17:00	-	8.5	08.00	18:20		10 hrs
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SCHEDULE 6

Week ending 25 September 2020

Week ending 2 October 2020

Week ending 9 October 2020

Week ending 16 October 2020

Week ending 23 October 2020

Week ending 4 December 2020

Week ending 11 December 2020

SCHEDULE 7

Week ending 30 October 2020

Week ending 6 November 2020

Week ending 13 November 2020

Week ending 20 November 2020

Week ending 27 November 2020