

## PUBLIC RECORD

Dates: 07/07/2023 -

Medical Practitioner's name: Dr Yusaf MOHAMMED

GMC reference number: 6070575

Primary medical qualification: MB BS 1985 Punjabi University

Type of case	Outcome on impairment
Review - Deficient professional performance	Not Impaired

**Summary of outcome**  
Conditions revoked

**Tribunal:**

Legally Qualified Chair	Mr Colin Chapman
Lay Tribunal Member:	Miss Susan Hurds
Medical Tribunal Member:	Dr Shri Babarao
Tribunal Clerk:	Ms Jemine Pemu

**Attendance and Representation:**

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Andrew Hockton, Counsel, instructed by BTO Solicitors LLP
GMC Representative:	Ms Charlotte Atherton, 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 - 07/07/2023

1. At this review hearing the Tribunal now 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 Mohammed's fitness to practise is impaired by reason of deficient professional performance.

### Background

2. Dr Mohammed qualified as a medical doctor in 1985 from Punjabi University India. He worked in various posts in India and Saudi Arabia. He migrated to the UK and obtained his full registration with the GMC in April 2010. Prior to the events which are the subject of the hearing Dr Mohammed was employed on 7 August 2019 as a locum appointee for training at specialty trainee ('ST3') level in acute medicine by NHS Greater Glasgow and Clyde ('NHSGGC'). In December 2019 following concerns about his clinical practice, Dr Mohammed's duties were restricted to Foundation Year 1 ('FY1') level. Dr Mohammed resigned from his post at Glasgow Royal Infirmary on 31 May 2020.

3. The GMC directed Dr Mohammed to undergo a Performance Assessment ('PA') which took place on 21-22 September 2021. Dr Mohammed was assessed as a doctor at the level of specialist training (ST1/2) in internal medicine, he was required to demonstrate competency for this role, as described in the Specialty Training Curriculum for Acute Internal Medicine August 2009 (amended August 2012). Dr Mohammed's professional performance was assessed as unacceptable in the area of Clinical Management and a cause for concern in the area of Relationships with Patients. Dr Mohammed was not assessed in the areas of

Operative/Technical Skills, Record Keeping and Safety and Quality as there was insufficient or lack of evidence to make a judgement in these areas. The assessment was acceptable in all other areas of the PA.

4. The admitted facts at Dr Mohammed’s hearing which took place in December 2022 (the 2022 Tribunal) can be summarised as follows. In September 2021, Dr Mohammed underwent a General Medical Council assessment of the standard of his professional performance. It found that Dr Mohammed’s professional performance was unacceptable in the area of clinical management and a cause for concern in the area of relationships with patients.

5. Dr Mohammed gave oral evidence before the 2022 Tribunal and provided a bundle of documentary evidence which included, but was not limited to:

- Reflective statement, undated;
- Table summarising remediation evidence, undated;
- PDP (Personal Development Plan);
- CPD (Continuous Professional Development documentation, various dates;
- Colleague and patient feedback, various dates;
- Report by Dr A, Clinical Supervisor, dated 9 December 2022;
- Report by Professor B, Educational Supervisor, dated 13 December 2022
- A number of testimonials.

6. In considering the issue of insight, the 2022 Tribunal was of the view that Dr Mohammed had a considerable level of insight. It noted that he had recognised his own deficiencies and had taken a FY2 post to improve his skills and gain experience. It took the view that he had met all the recommendations in the performance report and was in the process of completing his FY2 year, which he was due to finish in August 2023. The 2022 Tribunal also noted that Dr Mohammed had completed a number of relevant courses and received positive testimonials which showed he was making good progress in his learning. The 2022 Tribunal was of the view that Dr Mohammed still had further remediation to undertake, by successfully completing the remainder of his FY2 year.

7. The 2022 Tribunal concluded that Dr Mohammed’s performance fell so far short of the standards of performance reasonably to be expected of a doctor of his level as to amount to deficient professional performance. It therefore took the view that that public confidence in the profession would be undermined if a finding of impairment had not been made.

8. The 2022 Tribunal was satisfied that Dr Mohammed would comply with an order of conditions on his registration. It took the view that Dr Mohammed had considerable insight and noted that he had engaged fully with this process, and the conditions placed upon him by the Interim Orders Tribunal. It also noted that Dr Mohammed had also taken steps to remediate and address the raised concerns. The 2022 Tribunal anticipated that an order of conditions would allow Dr Mohammed to take the necessary steps to address the area of unacceptable practise whilst continuing to practise and gain the knowledge and experience he needs.

9. The 2022 Tribunal determined to impose conditions for a period of six months and directed a review. It concluded that this period should provide sufficient time for Dr Mohammed to complete his FY2 year and compile any information or documentation to demonstrate that he has addressed the concerns that have arisen in this case. The 2022 Tribunal considered that the short period of conditional registration struck a fair balance between the wider public interest and Dr Mohammed's interests.

10. The 2022 Tribunal imposed the following conditions for a period of 6 months:

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

- a. the details of his current post, including:
  - i. his job title
  - ii. his job location
  - iii. his responsible officer (or their nominated deputy)
- b. the contact details of his employer and any contracting body, including his direct line manager
- c. any organisation where he has practising privileges and/or admitting rights
- d. any training programmes he is in
- e. of the contact details of any locum agency or out of hours service he is registered with.

2. He must personally ensure the GMC is notified:

- a. of any post he accepts, before starting it
  - b. that all relevant people have been notified of his conditions, in accordance with condition 13
  - c. if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
  - d. if any of his posts, practising privileges or admitting rights have been suspended or terminated by his employer before the agreed date within seven calendar days of being notified of the termination
  - e. if he applies for a post outside the UK
3. He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.
4. a. He must have a workplace reporter appointed by his responsible officer (or their nominated deputy).
- b. He must not work until:
- i his responsible officer (or their nominated deputy) has appointed his workplace reporter
  - ii he has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter.
5. a. He must maintain a personal development plan (PDP), with specific aims to address the deficiencies in the following areas of his practice:
- Clinical Management
- b. His PDP must be approved by his responsible officer (or their nominated deputy)
- c. He must give the GMC a copy of his approved PDP within three months of these substantive conditions becoming effective.

- d. He must give the GMC a copy of his approved PDP on request.
  - e. He must meet with his responsible officer (or their nominated deputy), as required, to discuss his achievements against the aims of his PDP.
- 6.
- a. He must have an educational supervisor appointed by his responsible officer (or their nominated deputy)
  - b. He must not work until:
    - i. his responsible officer (or their nominated deputy) has appointed his educational supervisor
    - ii. he has personally ensured that the GMC has been notified of the name and contact details of his educational supervisor.
7. He must undertake an assessment of his performance, if requested by the GMC.
8. He must personally ensure his performance assessment report 10 November 2021 is shared with:
- a. his responsible officer (or their nominated deputy)
  - b. the responsible officer of the following organisations:
    - i. his place(s) of work, and any prospective place of work (at the time of application)
    - ii. all his contracting bodies, and any prospective contracting body (prior to entering a contract)
    - iii. any organisation where he has, or has applied for, practising privileges and/or admitting rights (at the time of application)
    - iv. any locum agency or out of hours service he is registered with
    - v. If any organisation listed at i) – iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify the correct person, he must contact the GMC for advice before working for that organisation.

- c. his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts)
  - d. his workplace reporter, educational supervisor and clinical supervisor.
9. He must get the approval of the GMC before working in a non-NHS post or setting.
10. He must only work at the level of FY2, or equivalent level.
11. a. He must be supervised in all of his posts by a clinical supervisor, as defined in the *Glossary for undertakings and conditions*. His clinical supervisor must be approved by his responsible officer (or their nominated deputy).
- b. He must not work until:
- i. his responsible officer (or their nominated deputy) has appointed his clinical supervisor and approved his supervision arrangements
  - ii. he has personally ensured that the GMC has been notified of the name and contact details of his clinical supervisor and his supervision arrangements.
- c. He must provide a report from his clinical supervisor in advance of, or at his next MPT review hearing.
- d. He must provide a report from his educational supervisor in advance of, or at his next MPT review hearing.
12. He must not work in any locum post or fixed term contract of less than four weeks' duration.
13. He must personally ensure the following persons are notified of the conditions listed at 1 to 12:
- a. his responsible officer (or their nominated deputy)
  - b. the responsible officer of the following organisations:

- i. his place(s) of work, and any prospective place of work (at the time of application)
- ii. all his contracting bodies and any prospective contracting body (prior to entering a contract)
- iii. any organisation where he has, or has applied for, practising privileges and/or admitting rights (at the time of application)
- iv. any locum agency or out of hours service he is registered with.
- v. If any of the organisations listed at (i to iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify this person, he must contact the GMC for advice before working for that organisation.

- c. his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

11. The 2022 Tribunal stated that at the review hearing, the onus will be on Dr Mohammed to demonstrate compliance with the conditions imposed and how he has remediated his deficient professional performance. It suggested that the reviewing Tribunal may be assisted if, in addition to the reports of his clinical supervisor and educational supervisor, Dr Mohammed provides evidence that he has kept his knowledge and skills up to date. Dr Mohammed will also be able to provide testimonials from colleagues and patient feedback, as well as any other information that he considers will assist.

### Today's Review Tribunal

#### **The Evidence**

12. The Tribunal has taken into account all the documentary evidence received which included but was not limited to:

- Record of Determination of the MPT hearing dated 15-20 December 2022;
- Dr Mohammed's PDP, dated 19 January 2023;
- Letter of positive feedback from Dr C, Dr Mohammed's supervisor, dated 27 February 2023;
- Letter to Dr Mohammed from the GMC dated, 10 March 2023;



- Dr Mohammed’s PDP, dated June 2023;
- Report of Mr A, Dr Mohammed’s current Workplace Supervisor, dated 14 June 2023;
- Report of Professor B, Educational Supervisor, dated 13 June 2023;
- Workplace Supervision Report by Dr C, dated 21 June 2023;
- Testimonial of Dr D, dated 06 June 23;
- Testimonial of Dr E, dated 09 June 23;
- Testimonial from Mr F, dated 20 June 23;
- Testimonial from Mr G, dated 20 June 23;
- Patient feedback survey, dated May 2023;
- Colleague feedback survey, dated May 2023;
- Reflections on Patient and Colleague Feedback;
- Timetable of Education Sessions in Elderly Care, dated December 2022 to March 2023;
- Reflections on departmental teaching sessions, dated December 2022 to March 2023;
- Various CPD certificates in relation to end of life care, dated December 2022 to April 2023;
- CPD certificate- Presentation on Ageing and Complex Medicine Education Meeting on the subject of “Breaking Bad News, dated 27 March 2023;
- Foundation year 2 competencies signed off, dated 04 July 2023;
- Offer of employment as ST1 Clinical Fellow commencing August 2023, dated 06 July 2023;
- CPD- Advanced Life Support Course, dated 05 July 2023.

13. The Tribunal also heard oral evidence from Dr Mohammed.

## Submissions

### On behalf of the GMC

14. Ms Charlotte Atherton, counsel, submitted that the GMC is neutral on the position of Dr Mohammed’s continued impairment but ultimately it is a matter for the Tribunal to decide.

15. Ms Atherton submitted that there is no doubt that Dr Mohammed has great insight into his deficiency and that had worked hard to address them both before and following the determination of the 2022 Tribunal. She submitted that there is no evidence before the Tribunal of any deterioration in Dr Mohammed’s performance and he continues to make

good progress. Ms Atherton submitted that the successful signing off of Dr Mohammed's foundation year 2 competencies together with the recent reports from his educational supervisor and clinical supervisors on the basis of direct observation, feedback and team assessment may provide the Tribunal with objective assurance that the deficiencies that had been identified in the original performance assessment have been remedied.

16. Ms Atherton submitted that the patient feedback provided on behalf of Dr Mohammed was overall above the expectation of national benchmarks in all areas, but noted that there was a drop in the areas of patient confidentiality. She submitted that this was explained in Dr Mohammed's reflective statement as referring to a complaint from one patient involving an incident when he had informed the DVLA about the patient against that patient's will.

17. Ms Atherton submitted that the colleague feedback provided on behalf of Dr Mohammed demonstrates that, at the stage which the feedback was obtained, in May 2023, there remained a dip below national averages in some aspects, including clinical decision and supervising colleagues. She submitted that on the basis of the feedback given by colleagues, there was no indication that Dr Mohammed was below satisfactory in any level, and 9 out of 10 of his colleagues considered that he was fit to practice. She submitted that one colleague said that they did not know.

18. Ms Atherton submitted that Dr Mohammed has provided evidence regarding the results of his feedback and how he has discussed them with one of his supervisors and seemingly come up with a plan to address any concerns raised. She submitted that the Tribunal will consider the reports prepared by both of Dr Mohammed's consultant supervisors, in particular Dr A, who stated that on the basis of the continuing professional development that he had seen, as well as the feedback that Dr Mohammed has received from his direct observations, that he strongly recommends that the restrictions are removed.

On behalf of Dr Mohammed

19. Mr Andrew Hockton, counsel, submitted that Dr Mohammed's fitness to practise is no longer impaired.

20. Mr Hockton submitted that Dr Mohammed has successfully completed his FY2 equivalent training post and has fully complied with the conditions imposed by the 2022 Tribunal. He submitted that Dr Mohammed provided before the 2022 Tribunal, evidence of

remediation, reflective notes on teaching sessions and case-based discussions, clinical evaluations in the form of mini-CEx material, colleague and patient feedback testimonials, reports from supervisors, along with CPD material.

21. Mr Hockton submitted that Dr Mohammed had completed an enormous amount of work as part of his remediation and has reflected on his performance. He directed the Tribunal to the up to date reports from Mr A, Dr Mohammed's workplace supervisor and Professor B, Dr Mohammed's educational supervisor, along with the testimonial evidence and colleague feedback provided. Mr Hockton submitted that Dr Mohammed has received an offer of employment as a ST1 clinical fellow commencing on 2 August for a period of 12 months. He submitted that Dr Mohammed intends to take the exam for entry to GP training in due course and a prerequisite of this course is that there are no conditions on his registration. Mr Hockton submitted that this is a matter of importance for Dr Mohammed.

22. Mr Hockton submitted that Dr Mohammed has always accepted the deficiencies in his work and does not suggest that he is in any way perfect. He submitted that Dr Mohammed, like all doctors, acknowledged that he has some areas which require more work than others. Mr Hockton submitted that there is no evidence that Dr Mohammed's fitness to practice remains impaired. He therefore submitted that there would be no reasonable or proper basis upon which to make a finding of impairment today.

### **The Relevant Legal Principles**

23. In a review case, there is a persuasive burden upon the doctor to demonstrate that he is safe to practise and no longer impaired.

24. The Tribunal reminded itself that the decision in relation to impairment is a matter for the Tribunal's judgement alone.

25. The Tribunal reminded itself that it must determine whether Dr Mohammed's fitness to practise is impaired today, taking into account his performance at the time of the events, the determination of the previous Tribunal, and any relevant factors since then such as insight and remediation, and his efforts to address the concerns around his fitness to practise.

26. In reaching its decision, the Tribunal bore in mind that its primary responsibility is to uphold the statutory overarching objective which is as follows:

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

### The Tribunal's Determination on Impairment

27. In reaching its decision, it has taken into account all of the documentary and oral evidence presented to it.

28. The Tribunal considered that Dr Mohammed has provided evidence to address the concerns of the 2022 Tribunal. It attached considerable weight to the positive evidence provided by his workplace and educational supervisors, that he has been signed off as having satisfactorily completed the FY2 competencies, and that he has been offered a position at ST1 level. The Tribunal also noted positive feedback from Dr Mohammed's patients and the testimonials from his colleagues.

29. The Tribunal noted the concerns that had been raised in the original performance assessment about clinical decision making and communication skills. It noted that the scores for these competencies, in the colleague feedback dated May 2023, were lower than the national and organisational benchmark. However, it considered that these scores indicated that Dr Mohammed was still on a journey, and that it was not necessary for Dr Mohammed to demonstrate he is a perfect doctor, but a safe and competent one. It considered that these concerns were addressed and outweighed by the evidence from his supervisors. Dr Mohammed himself recognised that his skills are still improving.

30. Overall, the Tribunal considered that Dr Mohammed has continued to develop insight and continues on his journey of remediation. It considered that he has continued to improve over the last 6 months. This was demonstrated, not only by what his supervisors say about him, but also because his current employers have offered him employment as a ST1 clinical fellow showing they have some confidence in his clinical abilities and that he is safe to practise.

31. The Tribunal was satisfied that Dr Mohammed no longer represents a risk to the public or his colleagues as he has made substantial improvements in the areas of concern raised by the 2022 Tribunal and the GMC performance assessment. The Tribunal was

reassured by the reports it has received and the patient feedback, which show him to be a competent doctor.

32. Accordingly, the Tribunal determined that Dr Mohammed's fitness to practise is no longer impaired by reason of his deficient professional performance.

ANNEX A

**Revocation of current order - 07/07/2023**

33. After announcing its decision that Dr Mohammed's fitness to practise is not impaired, the Tribunal invited the parties to make submissions as to whether to revoke the conditions imposed on his registration or whether to allow them to expire. The current order of conditions will expire on 25 July 2023.

34. On behalf of the GMC, Ms Atherton submitted that the GMC's position on this matter is neutral.

35. On behalf of Dr Mohammed, Mr Hockton submitted that the order should be revoked.

36. The Tribunal determined that, in light of its decision that Dr Mohammed's fitness to practise is no longer impaired, there would be no public interest in maintaining the conditions on his registration until the end of the order. It was satisfied that the purpose of the conditions had been fulfilled and he should be allowed to return to unrestricted practice.

37. Accordingly, the Tribunal determined to revoke the current order of conditions with immediate effect.

38. That concludes the case.