

PUBLIC RECORD

Dates: 17/09/2021 & 08/12/2021

Medical Practitioner's name: Miss Fawzia ASHKANANI

GMC reference number: 4621777

Primary medical qualification: MB BCh 1985 University of Kuwait

Type of case	Outcome on facts	Outcome on impairment
Review - Misconduct		Impaired

Summary of outcome

Conditions, 12 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Mr Julian Weinberg
Medical Tribunal Member:	Dr Anita Clay
Medical Tribunal Member:	Dr Nigel Langford
Tribunal Clerk:	Miss Racheal Gill

Attendance and Representation:

Medical Practitioner:	Present and not represented
Medical Practitioner's Representative:	N/A
GMC Representative:	Mr Andrew Herd, 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 - 17/09/2021

Background

1. Miss Ashkanani's case was initially considered by a Medical Practitioners Tribunal ('MPT') which took place on: 3 – 11 February 2020 ('the Initial Tribunal'). The case was first reviewed by a MPT on 8 July 2020 ('the July 2020 Tribunal'), a second review took place on 29 September 2020 ('the September 2020 Tribunal') and a third review took place on 12 March 2021 ('the March 2021 Tribunal').

2. The Tribunal does not intend to rehearse the full background of this case, because this has been set out in the determination of the Initial Tribunal.

The Initial Tribunal

3. At the initial Tribunal, Miss Ashkanani admitted the majority of the Allegation. She admitted, and the initial Tribunal found proved that:

- On 12 December 2013, she failed to:
 - review Patient A's medical records;
 - reassess whether Patient A required the surgery;
 - check that Patient A was taking Bisoprolol pre-operatively;
 - obtain an up to date assessment of Patient A's blood test results prior to surgery;
 - record having undertaken a number of clinical actions;
- she had inappropriately changed Patient A's admission to a 23-hour stay when an inpatient admission was indicated;

- on 27 December 2013, she failed to:
 - review patient A’s medical records pre-operatively;
 - consider that Patient A was not taking Bisoprolol pre-operatively;
 - consider that Patient A had only stopped taking Warfarin 4 days pre-operatively as opposed to the recommended 7-day period and advise the Consultant Anaesthetist of this;
 - obtain an up to date assessment of Patient A’s blood test results prior to surgery;
 - discuss postponing the Surgery with Patient A;
 - cancel or postpone the Surgery with Patient A;
 - outline the risks of the Surgery to Patient A;
 - admit Patient A as an inpatient;
 - arrange for the monitoring of Patient A in HDU post-operatively;
 - record her assessment and having undertaken certain actions.

- on 28 December 2013, she failed to:
 - review patient A’s blood test results;
 - monitor or arrange monitoring of Patient A’s fluid intake and urine output;
 - adequately consider that Patient A was suffering from chronic retention of urine;
 - adequately consider Patient A’s urinary retention;
 - review Patient A following insertion of a catheter;
 - arrange a review of Patient A prior to discharge;
 - assess a number of factors including Patient A’s cardio-respiratory function, cognitive state, mobility and fluid balance;
 - record having undertaken certain actions; and

- She had inappropriately discharged Patient A:

4. The Initial Tribunal was of the view that, through her serious misconduct, Miss Ashkanani had put Patient A at unwarranted risk of harm and had brought the medical profession into disrepute. The Initial Tribunal determined that a finding of impairment by reason of misconduct was necessary in order to satisfy the overarching objective set out in the Medical Act 1983. The Initial Tribunal determined that a period of suspension would be the appropriate and proportionate sanction in this case. It determined to suspend Miss Ashkanani’s registration for a period of four months.

The July 2020 Review Tribunal

5. Miss Ashkanani was neither present nor legally represented at this hearing. The July 2020 Tribunal determined that notice of this hearing had been served on Miss Ashkanani in accordance with Rule 40 of the Rules. The July 2020 Tribunal was of the view that Miss Ashkanani was fully aware of the July 2020 Tribunal hearing and had voluntarily absented herself. In the circumstances, the July 2020 Tribunal determined that it was appropriate to proceed in Miss Ashkanani's absence. It concluded that it was fair and in the public interest to do so.

Impairment

6. The July 2020 Tribunal was of the view that the documentation provided to it indicated that there had been some progression in Miss Ashkanani's insight and an application of her learning into her current practice. The Tribunal also took into account the determination of the Initial Tribunal that it was satisfied that there was no significant risk of Miss Ashkanani repeating her misconduct. It further noted that there was no evidence placed before it that Miss Ashkanani has repeated the misconduct since the index events in this case or since her substantive hearing and that she is a well-respected senior medical practitioner.

7. The July 2020 Tribunal noted that Miss Ashkanani had already acknowledged that she was at fault and had apologised repeatedly for her actions, that there had been no repetition of any similar behaviour since the index events and she has seemingly practised without issue for a number of years. The July 2020 Tribunal also noted that her insight as demonstrated in her reflective statement had developed since the February 2020 hearing, although it was not yet complete.

Sanction

8. The July 2020 Tribunal determined that a further period of suspension of three months would be sufficient to maintain public confidence in the profession and promote and maintain proper professional standards of conduct in this case.

The September 2020 Review Tribunal

9. Miss Ashkanani was neither present nor legally represented at this hearing. The September 2020 Tribunal was satisfied based on the evidence before it that service of these proceedings had been effected in accordance with the Rules. The September 2020 Tribunal

concluded that it was fair and just, as well as being in the public interest, in proceeding to hear this case without further delay.

Impairment

10. The September 2020 Tribunal considered that Miss Ashkanani had not appreciated the gravity of her misconduct. She had not provided it with any of the information requested by the July 2020 Tribunal, nor any sufficient evidence to demonstrate understanding of her misconduct, how to avoid repetition, or that she had sufficient insight into her misconduct. Further, the September 2020 Tribunal was concerned that Miss Ashkanani had focused on the number of operations she had conducted before and after the MPTS proceedings but did not reflect on her misconduct. The September 2020 Tribunal determined that Miss Ashkanani's fitness to practise remained impaired by reason of her misconduct.

Sanction

11. Whilst the September 2020 Tribunal accepted the difficulties Miss Ashkanani identified with regard to travel restrictions and other difficulties due to COVID- 19, in terms of attending courses, it nonetheless considered Miss Ashkanani had sufficient opportunity to prepare a reflective statement or provide other evidence of remediation or insight. Miss Ashkanani failed to address the areas of concerns highlight by the previous Tribunals and therefore failed to show any meaningful progress. The September 2020 Tribunal determined to impose a further period of suspension on Miss Ashkanani's registration for a period of six months to satisfy the overarching objective and afford her with a further opportunity to develop and demonstrate insight into her misconduct.

The March 2021 Review Tribunal

12. Miss Ashkanani was neither present nor represented at this hearing. The March 2021 Tribunal was persuaded that notice of the hearing had been served in accordance with rules 20 and 40 of the Rules. It noted that in February 2021, Miss Ashkanani had confirmed that she would not attend the hearing. She did not request any adjournment of the hearing. In the circumstances, the March 2021 Tribunal determined that it was appropriate to proceed in Miss Ashkanani's absence.

Impairment

13. The March 2021 Tribunal did not receive further documentation to demonstrate that Miss Ashkanani had learnt from the experience and has developed her insight. She indicated

that an appraisal document would be made available. However, none was provided to the March 2021 Tribunal. The March 2021 Tribunal considered that in the absence of further evidence to demonstrate that matters have progressed, to demonstrate that Miss Ashkanani has gained further insight into her misconduct, the concerns around Miss Ashkanani's insight set out by previous the Tribunals remain. The March 2021 Tribunal concluded that Miss Ashkanani is either unable or unwilling to accept that there is a persuasive burden on her to demonstrate full insight into her misconduct. The March 2021 Tribunal was particularly concerned by Miss Ashkanani's statement that she has already submitted all necessary documents and does not wish to repeat the same submissions she had already made.

Sanction

14. The March 2021 Tribunal had regard to the recommendations of both the July 2020 Tribunal and the September 2020 Tribunal as to the evidence which Miss Ashkanani should have provided to assist in demonstrating a development in her insight. It was concerned that it had no current evidence as to any development in Miss Ashkanani's insight and reflection into the misconduct found by the Initial Tribunal, or that she had taken any additional steps towards remediation. Whilst the March 2021 Tribunal was cognisant of the issues, delays and strain caused by COVID-19, it was hoped by those Tribunals that these respective periods of suspension would encourage Miss Ashkanani to engage in the regulatory proceedings and afford her sufficient time within which to produce evidence of remediation and insight. Unfortunately, to date, Miss Ashkanani had not availed herself of the opportunities given.

15. The March 2021 Tribunal reminded itself that Miss Ashkanani had been practising as a doctor for a number of years following the Allegation and she had made admissions at the Initial Tribunal, demonstrating a degree of insight. The March 2021 Tribunal remained of the view (as opined by the previous Tribunals) that Miss Ashkanani's misconduct is capable of remediation should she engage with these regulatory proceedings and provide relevant information of her journey towards full insight, specifically reflecting on the Initial Tribunal's finding of misconduct.

16. However, in all the circumstances, given Miss Ashkanani's lack of engagement, the March 2021 Tribunal considered that there remains a risk her behaviour may be repeated. The March 2021 Tribunal determined to impose a further period of suspension on Miss Ashkanani's registration for a period of six months to provide a sufficient opportunity for Miss Ashkanani to demonstrate full insight and complete her remediation.

17. The March 2021 Tribunal carefully considered whether to erase Miss Ashkanani's name from the Medical Register, having regard to paragraph 109(j) of the SG and her

persistent lack of insight. However, at this stage, it did not believe that her conduct was fundamentally incompatible with registration, given that she has communicated with the GMC (albeit to a limited extent) and the February and July Tribunals identified progression of insight. Further, at this stage, it considered that depriving the public of an otherwise competent doctor would be disproportionate. However, it considered that it was important that Miss Ashkanani engaged with the regulatory process and takes steps to demonstrate full insight into her misconduct. Failure to do so may result in her name being erased from the Medical Register.

18. The March 2021 Tribunal has directed that, shortly before the end of the period of Miss Ashkanani's suspended registration, her case will be reviewed by a Medical Practitioners Tribunal. It considered that a future Tribunal reviewing this matter would be assisted by receiving:

- A statement which should reflect on the allegations proved against her relating to Patient A, explaining what she had learnt from in the period following the Initial Tribunal and how she applies this learning to her everyday practice. This should be in addition to any material she had provided to previous review hearings. It should also demonstrate her understanding of the impact of her actions on public confidence in the medical profession and the impact on the wider public interest and the profession as a whole;
- A list of any development courses undertaken, relevant to the nature of the misconduct found, including online courses where these are most appropriate; and
- Appropriate notes and reflections applying the learning from these activities to the specific shortcomings identified during these proceedings.

Today's Review Hearing

19. This is the fourth review hearing of Miss Ashkanani's case.

20. This Tribunal has today reviewed Miss Ashkanani's case and has considered, in accordance with Rule 22(1)(f) of the Rules, whether her fitness to practise remains currently impaired.

The Evidence

21. The Tribunal took account of all the documentary evidence adduced during the course of these proceedings, which included but was not limited to:
- The previous determinations of:
 - The Initial Tribunal
 - The July 2020 Tribunal
 - The September 2020 Tribunal
 - The March 2021 Tribunal
 - Letters from the GMC to Miss Ashkanani, dated 26 April and 1 June 2021.
 - Telephone note dated 27 April 2021 of call between Miss Ashkanani and the GMC.
 - Email correspondence between Miss Ashkanani and the GMC dated 20 and 21 June 2021 and 16 July 2021 with attached documents: New GMC Consent Guidance and Pre-Operative Patient Evaluation.
22. Miss Ashkanani attended and gave oral evidence at the hearing.

Submissions

23. The following is a non-exhaustive synopsis of submissions made during the impairment stage.

On behalf of the GMC

24. Mr Herd invited the Tribunal to consider the direction of the previous Tribunals who indicated that a future reviewing Tribunal may be assisted by evidence which Miss Ashkanani could provide but he submitted that Miss Ashkanani had not provided evidence in all of the suggested areas. Mr Herd submitted that the Tribunal may have heard some oral evidence from Miss Ashkanani regarding her insight and remediation. However he submitted that, notwithstanding this, there was limited documentary evidence to satisfy the Tribunal that remedial work has been undertaken such as appropriate written reflections and evidence of further training. Accordingly, Mr Herd submitted that it is necessary to make a finding of impairment in this case to satisfy the overarching objective.

On behalf of Miss Ashkanani

25. Miss Ashkanani submitted that her fitness to practise is not currently impaired as she has had no issues since the Initial Tribunal, and she has been practising full time as a Consultant General Surgeon in Kuwait, and she had worked in a six-month locum position in Scotland. She further apologised that she did not have any additional written documents having previously submitted a written statement but did not wish to repeat herself. She

apologised for the fact that she had not attended previous review hearings for personal reasons.

The Relevant Legal Principles

26. The Tribunal accepted the Legally Qualified Chair's advice that there is a persuasive burden on Miss Ashkanani to show that her fitness to practise is no longer impaired and that she would be safe to return to unrestricted practice.

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

The Tribunal's Determination on Impairment

28. The Tribunal took account of the recommendations made by all the previous Tribunals, as to the information which might assist a future review Tribunal on the issue of Miss Ashkanani's fitness to practise. However, the Tribunal has reached its own independent judgement on the basis of all of the currently available material.

29. The March 2021 Tribunal had reported that a future Tribunal may be assisted by Miss Ashkanani providing evidence to address the concerns about her limited insight, a statement of reflection, and provide further evidence of any relevant developmental courses undertaken. Whilst not mandatory, it considered that little evidence had been provided by Miss Ashkanani to assist the Tribunal in relation to these issues.

30. It noted that Miss Ashkanani had completed one relevant course '*New GMC Consent Guidance & Pre-Operative Patient Evaluation*'. Miss Ashkanani stated that the document she submitted in relation to this course was a statement of her reflections on it. However the Tribunal did not consider that the content of that document significantly referred to her personal reflections but rather set out in detail the contents of the course. She also stated that she had a number of further courses planned for the future.

31. This suggested to the Tribunal that whilst Miss Ashkanani was willing to address her failings, it considered that the preliminary steps she had taken did not amount to sufficient evidence of reflection. In the circumstances the Tribunal considered that the evidence she gave and the documents she provided did not sufficiently demonstrate a meaningful level of insight or remediation.

32. The Tribunal was mindful that Miss Ashkanani's insight had developed since the previous Tribunal hearings and that she has attended and engaged positively with the hearing process than before. In her oral evidence, Miss Ashkanani said she does not deny the allegations, she acknowledged her mistakes and accepted full responsibility for her actions. She also described how she would deal with matters differently in the future. However, the Tribunal's view was that Miss Ashkanani's oral evidence and reflections did not sufficiently demonstrate an understanding of the impact of her misconduct on public confidence in the profession.

33. As with the previous Tribunal determinations, the Tribunal considered that Miss Ashkanani's conduct was capable of being remediated. However, in the absence of further evidence of remediation from Miss Ashkanani addressing the concerns previously identified, the Tribunal determined that she had not demonstrated the necessary level of insight or remediation since the March 2021 Tribunal. The Tribunal therefore found that although Miss Ashkanani's insight had developed, it remained incomplete.

34. Similarly whilst Miss Ashkanani has expressed a willingness to attend relevant courses, and noting that they have been booked, the Tribunal nevertheless recognised that as at today those courses have not been completed and Miss Ashkanani has not had the opportunity to reflect on how she can apply what she has learnt from those courses to her everyday practice.

35. Overall, the Tribunal was satisfied that Miss Ashkanani is now beginning to accept the gravity of her past conduct and she has also demonstrated some, albeit limited, understanding of the impact of her actions on public confidence. Further, the Tribunal accepted there is no evidence before it to suggest that Miss Ashkanani has repeated her conduct. Whilst the Tribunal did not consider the risk of repetition to be high on the basis of the significant amount of time that has elapsed and also that it was an isolated incident, nonetheless due to the lack of sufficient insight, remediation, and lack of evidence of maintenance of skills and knowledge, the Tribunal cannot conclude that her misconduct was highly unlikely to be repeated. It therefore determined that that Miss Ashkanani remained a potential risk to patient safety and it determined that all three limbs of the overarching objective were engaged.

36. In the circumstances the Tribunal concluded that confidence in the profession would be undermined if a finding of current impairment were not made.

37. The Tribunal therefore found that Miss Ashkanani's fitness to practise remains impaired by reason of her misconduct.

38. The Tribunal noted that Miss Ashkanani's current period of suspension expires on 10 October 2021, and this Tribunal is unable to reconvene until 8 December 2021. The Tribunal has determined to extend the current period of suspension for a period of 3 months, in accordance with the Medical Act 1983, as amended.

Determination on Sanction - 08/12/2021

39. Having determined that Miss Ashkanani's fitness to practise is impaired by reason of her misconduct, the Tribunal has considered what action, if any, it should take with regard to her registration, in accordance with Rule 17(2)(n) of the Rules.

The Evidence

40. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing where relevant to reaching a decision on what action, if any, it should take with regard to Miss Ashkanani's registration.

41. The Tribunal received further evidence on behalf of Miss Ashkanani including:

- Serious Incident Investigation & Learning – Certificate of attendance, dated 12 October 2021;
- Clinical Negligence Update for Clinicians & Managers – Certificate of Attendance, dated 22 October 2021;
- Patient Experience Insight - Certificate of attendance, dated 25 November 2021;
- Five testimonials of support for Miss Ashkanani, four of which were from former patients, various dates November – December 2021.

Submissions

42. The following is a non-exhaustive summary of the submissions made during the sanction stage.

On behalf of the GMC

43. Mr Herd, counsel, submitted that the appropriate sanction in Miss Ashkanani's case would be a further period of suspension as it would allow her the final period to engage and show remediation. He directed the Tribunal's attention to the Sanctions Guidance (November 2020 edition) ('SG') when making its determination.

44. In terms of mitigating factors, the GMC acknowledged that Miss Ashkanani has shown evidence of relevant courses undertaken regarding the incident leading to her suspension. However, he submitted it has been limited and she has only recently begun the remediation journey.

45. Mr Herd submitted that there are no exceptional circumstances in this case that could justify taking no action, nor he submitted, were there meaningful conditions that could be imposed on Miss Ashkanani's registration.

46. Furthermore, Mr Herd submitted that Miss Ashkanani has received clear indications from previous Tribunals what a reflective document could include. However, he submitted that what Miss Ashkanani has provided is not of an acceptable standard given the level of seriousness of this case.

Miss Ashkanani's submissions

47. Miss Ashkanani submitted that it was been almost eight years since the initial allegations, and she acknowledged her mistakes and accepted full responsibility for her actions. She also submitted that she has completed courses specifically regarding patient safety to remediate her past conduct.

48. Miss Ashkanani stated that she has been continuing to work well in Kuwait and is trying her best and that she has no complaints from any patients. She submitted that she has provided references and has a good reputation as a doctor.

The Tribunal's Determination on Sanction

49. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement. Throughout its deliberations, the Tribunal considered the statutory overarching objective, and the relevant sections of both the Sanctions Guidance and Good Medical Practice ('GMP').

50. In deciding what sanction, if any, to impose, the Tribunal reminded itself that it must consider each of the sanctions available, starting with the least restrictive, to establish which

is appropriate and proportionate in this case. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Miss Ashkanani's interests with the public interest. It kept in mind that the purpose of a sanction was not to be punitive, but to protect patients and the wider public interest, although the sanction may have a punitive effect.

No Action

51. In arriving at its decision as to the appropriate sanction, if any, to impose on Miss Ashkanani, the Tribunal first considered whether to take no action. The Tribunal reminded itself that there should be exceptional circumstances to justify taking no action where a finding of impairment had been made.

52. It determined given the nature of the Tribunal's findings on impairment that there were no exceptional circumstances to justify taking no action in this case. The Tribunal determined that it would be neither sufficient, proportionate nor in the public interest to conclude this case by taking no action on Miss Ashkanani's registration.

Conditions

53. The Tribunal next considered whether it would be sufficient to impose conditions on Miss Ashkanani's registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

54. The Tribunal had regard to paragraphs 82 and 84 the SG, these state:

82 *Conditions are likely to be workable where:*

a the doctor has insight

b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings

c the tribunal is satisfied the doctor will comply with them

d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.

84 *Depending on the type of case (eg health, language, performance or misconduct), some or all of the following factors being present (this list is not exhaustive) would indicate that conditions may be appropriate:*

a no evidence that demonstrates remediation is unlikely to be successful, eg

because of previous unsuccessful attempts or a doctor's unwillingness to engage

b identifiable areas of their practice are in need of assessment or retraining

c willing to respond positively to retraining, with evidence that they are committed to keeping their knowledge and skills up to date throughout their working life, improving the quality of their work and promoting patient safety
d willing to be open and honest with patients if things go wrong
e ...

55. The Tribunal noted that Miss Ashkanani's reflective statement did not fully address the matters the reviewing Tribunal on the last occasion considered would assist this Tribunal. However, she did produce evidence of relevant ongoing remediation and training. The Tribunal was mindful that Miss Ashkanani was not legally represented but that she had nevertheless made a significant effort to express her reflections in writing which she expanded upon in response to questions from the Tribunal.

56. The Tribunal took into account the latest evidence regarding Miss Ashkanani's remediation and engagement. She told the Tribunal that she recognised that she had made mistakes, but that she had been working as well as she could in Kuwait with no complaints from her patients. The Tribunal accepted Miss Ashkanani's submission that she has done all she can in terms of remediation and that she needed the opportunity to prove herself. The Tribunal was satisfied that, should it impose an order of conditions, Miss Ashkanani would comply and make efforts to maintain her professional skills and knowledge.

57. The Tribunal considered that the above paragraphs of SG applied to this case, therefore determined that it was both appropriate and proportionate to impose conditions on Miss Ashkanani registration at this stage. It considered there were a number of conditions which would adequately address the previous Tribunals' and this Tribunal's concerns as set out in its impairment determination.

58. The Tribunal recognised that Miss Ashkanani has not been practising in the UK since 2016. However, she has been working in Kuwait as a locum senior surgeon. The Tribunal was satisfied that a period of supervision and review of Miss Ashkanani's clinical practice would be sufficient to protect patients.

59. The Tribunal concluded that appropriate conditions would be necessary and sufficient 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 the profession.

60. In conducting its balancing exercise, the Tribunal considered whether it was appropriate to impose a further period of suspension on Miss Ashkanani's registration. The

Tribunal determined that, in all the circumstances, a further period of suspension would be disproportionate. Due to the circumstances as previously outlined in its impairment determination, the Tribunal considered the risk of repetition to be relatively low. It was of the view that it could be adequately managed with conditions that would provide the relevant safeguards and support. The Tribunal concluded that suspension would be an unnecessary and punitive sanction in the circumstances of this case and conditions would serve the public interest in assisting an otherwise competent doctor in a return to practice. In addition, given Miss Ashkanani's reflections and the courses she has undertaken, the Tribunal concluded that imposing a further period of suspension would serve no useful purpose.

Length of the Order

61. The Tribunal concluded that it was appropriate, necessary, and proportionate to impose conditions on Miss Ashkanani's registration for a period of 12 months. It was of the view that this time period was both appropriate to address the concerns in the case, and to allow adequate time and opportunity for Miss Ashkanani to demonstrate progress in her return to work with the necessary safeguards in place. That would provide her with an opportunity to demonstrate to a future Tribunal that the concerns expressed by this Tribunal at the impairment stage have been adequately addressed.

62. Miss Ashkanani may seek an early review if she feels that she is in a position to present evidence to allow her to return to unrestricted practice sooner.

63. The following conditions relate to Miss Ashkanani's employment and will be published:

'1 She 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 her current post, including:
 - i her job title
 - ii her job location
 - iii her responsible officer (or their nominated deputy)
- b the contact details of her employer and any contracting body, including her direct line manager

- c any organisation where she has practising privileges and/or admitting rights
 - d any training programmes she is in
 - e of the contact details of any locum agency or out of hours service she is registered with.
- 2 She must personally ensure the GMC is notified:
- a of any post she accepts, before starting it
 - b that all relevant people have been notified of her conditions, in accordance with condition 9.
 - c if any formal disciplinary proceedings against her are started by her employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
 - d if any of her posts, practising privileges, or admitting rights have been suspended or terminated by her employer before the agreed date within seven calendar days of being notified of the termination
 - e if she applies for a post outside the UK.
- 3 She must allow the GMC to exchange information with any person involved in monitoring her compliance with her conditions.
- 4
- a She must have a workplace reporter appointed by her responsible officer (or their nominated deputy).
 - b She must not work until:
 - i her responsible officer (or their nominated deputy) has appointed her workplace reporter
 - ii she has personally ensured that the GMC has been notified of the name and contact details of her workplace reporter.

- 5 a She must design a Personal Development Plan (PDP), with specific aims to address the deficiencies in the following areas of her practice:
- Patients' clinical assessments
 - Record keeping and documentation
 - Communication with patients and colleagues
 - Further development of her reflective practice.
- b Her PDP must be approved by her responsible officer (or their nominated deputy).
- c She must give the GMC a copy of her approved PDP within three months of these substantive conditions becoming effective.
- d She must give the GMC a copy of her approved PDP on request.
- e She must meet with her responsible officer (or their nominated deputy), as required, to discuss her achievements against the aims of her PDP.
- 6 She must get the approval of the GMC before working in a non-NHS post or setting.
- 7 a She must be supervised in all of her posts by a clinical supervisor, as defined in the *Glossary for undertakings and conditions*. Her clinical supervisor must be appointed by her responsible officer (or their nominated deputy).
- b She must not work until:
- i her responsible officer (or their nominated deputy) has appointed her clinical supervisor and approved her supervision arrangements
 - ii she has personally ensured that the GMC has been notified of the name and contact details of her clinical supervisor and her supervision arrangements.
- 8 She must have a mentor who is approved by her responsible officer (or their nominated deputy).
- 9 She must personally ensure the following persons are notified of the conditions listed at 1 to 8:

- a her responsible officer (or their nominated deputy)
- b the responsible officer of the following organisations:
 - i her place(s) of work, and any prospective place of work (at the time of application)
 - ii all of her contracting bodies and any prospective contracting body (prior to entering a contract)
 - iii any organisation where she 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 she is registered with
 - v if any of the organisations listed at (i to iv) does not have a responsible officer, she must notify the person with responsibility for overall clinical governance within that organisation. If she is unable to identify that person, she must contact the GMC for advice before working for that organisation.
- c the approval lead of her regional Section 12 approval tribunal (if applicable) - or Scottish equivalent
- d her immediate line manager and senior clinician (where there is one) at her place of work, at least 24 hours before starting work (for current and new posts, including locum posts).'

Review Hearing Directed

64. The Tribunal determined to direct a review of Miss Ashkanani's case. A review hearing will convene shortly before the end of the period of conditional registration, unless an early review is sought. The Tribunal wishes to clarify that at the review hearing, the onus will be on Miss Ashkanani to demonstrate how she has addressed her failings and that she is fit to return to unrestricted practice. It therefore may assist the reviewing Tribunal if Miss Ashkanani provides:

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- Feedback from her clinical supervisor and her workplace reporter in relation to her compliance with these conditions and commenting on the extent to which she has addressed her failings identified in this case;
- A statement of reflection regarding her progress, addressing the extent of her insight and remediation;
- Up to date patient and colleague feedback questionnaires.

65. Miss Ashkanani will also be able to provide any other information that she considers will assist a further reviewing Tribunal in considering whether she is fit to return to unrestricted practice.

66. The Tribunal has directed to impose conditions on Miss Ashkanani's registration for a period of 12 months. The MPTS will send Miss Ashkanani a letter informing her of her right of appeal and when the direction and the new sanction will come into effect. The current order of suspension will remain in place during the appeal period.

67. That concludes the case.