

PUBLIC RECORD**Dates:** 06/01/2025 - 08/01/2025

Doctor: Mr Farooq QURESHI
GMC reference number: 4499163
Primary medical qualification: MB BS 1982 University of Punjab (Pakistan)

Type of case

Restoration following disciplinary erasure

Summary of outcome

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

Tribunal:

Legally Qualified Chair:	Mr Robin Ince
Registrant Tribunal Member:	Dr Aamna Khan
Registrant Tribunal Member:	Dr Nagarajah Theva
Tribunal Clerk:	Mrs Olivia Gamble

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Mr Peter Byrne, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Restoration - 08/01/2025

1. The Tribunal has convened to consider Mr Qureshi's application for his name to be restored to the GMC registers following his erasure for disciplinary reasons in 2019.
2. The Tribunal has considered the application in accordance with Section 41 of the Medical Act 1983, as amended ('the Act') and Rule 24 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules').
3. This is Mr Qureshi's first application to be restored to the GMC registers.

Background

4. Mr Qureshi qualified in 1982 from the University of Punjab in Pakistan and, at the time of the events that led to Mr Qureshi's erasure, he was practising as a Locum Consultant in General Surgery at Staffordshire General Hospital. In correspondence from 2015, a colleague stated that Mr Qureshi had been working at this Hospital intermittently in her department from May 2014 at middle grade level. The concerns related to Mr Qureshi's practice in February 2014.
5. The circumstances that led to Mr Qureshi's erasure were first considered at a hearing before a Medical Practitioners Tribunal (MPT) in February 2017 ('the 2017 Tribunal') and related to Mr Qureshi's treatment of two patients. Mr Qureshi was not present or represented at this hearing.
6. In relation to Patient A, the 2017 Tribunal found that on 11 April 2014, Mr Qureshi failed to perform to an adequate standard when assisting with a laparoscopic cholecystectomy, in that he failed to ensure that there was a complete occlusion of Patient A's cystic duct and failed to control the bleeding from Patient A's liver.
7. In relation to Patient B, the 2017 Tribunal found that on 26 February 2014, Mr Qureshi performed a bilateral inguinal hernia repair. It found that Mr Qureshi failed to obtain adequate informed consent from Patient B and performed the surgery laparoscopically when it was inappropriate to do so. The 2017 Tribunal also found that Mr Qureshi used blunt and sharp dissection for the division of adhesions instead of only using sharp dissection (and incorrectly noted the use); that he failed to convert to open surgery when it was appropriate to have done so upon encountering difficulty entering the abdominal cavity and finding extensive intra-abdominal adhesions; and had failed to respond appropriately to concerns raised by colleagues.
8. The 2017 Tribunal was of the view that there was a substantial departure from the standards set out within *Good Medical Practice*. It was of the view that there was minimal evidence of any insight or remediation, noting however that Mr Qureshi appeared to accept some general inadequacies in the management of Patient B. The 2017 Tribunal determined that Mr Qureshi's fitness to practise was impaired by reason of misconduct and determined

to impose conditions on his registration for a period of 18 months. It was of the view that this would allow Mr Qureshi to progress in addressing the relevant areas of concern while appropriate safeguards were in place.

9. A review hearing took place on 9 February 2018 ('the 2018 Tribunal') where the 2018 Tribunal found that Mr Qureshi's fitness to practise remained impaired by reason of misconduct. Mr Qureshi was again not present or represented at this hearing and the 2018 Tribunal stated that he had not engaged with the conditions or with the GMC. He had also not provided any of the supporting evidence that was suggested by the 2017 Tribunal. The 2018 Tribunal stated that it had not been provided with any evidence to show that Mr Qureshi had made any attempts at remediation or the demonstration of insight. The 2018 Tribunal determined to suspend Mr Qureshi's registration for a period of 12 months, which would allow a further opportunity for engagement.

10. A further review hearing took place on 20 February 2019 ('the 2019 Tribunal') and Mr Qureshi was again not present or represented at this hearing. The 2019 Tribunal noted that it had received correspondence that Mr Qureshi had been out of the country since 2016 but concluded that this did not prevent engagement with the GMC. The 2019 Tribunal determined that no progress towards remediation had been made and that Mr Qureshi's fitness to practise remained impaired. The 2019 Tribunal determined that Mr Qureshi had reached the stage where he had demonstrated a persistent lack of insight and a persistent failure to engage with his regulator such that his behaviour was fundamentally incompatible with continued registration. The 2019 Tribunal determined to erase Mr Qureshi's name from the Medical Register.

The Current Restoration Hearing

The Evidence

11. The Tribunal has taken into account all the evidence that it has received, both oral and documentary.

Witness Evidence

12. Mr Qureshi gave oral evidence at the hearing.

Documentary Evidence

13. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included the following:

- Mr Qureshi's application for restoration with accompanying documentation;
- Determinations of the 2017, 2018 and 2019 Tribunals;
- Transcript of the 2019 Tribunal hearing; and

- Correspondence from the MPTS Case Management Team to Mr Qureshi dated 6 August 2024 with a number of Case Management Directions;
- Various certificates and references provided by Mr Qureshi.

14. Mr Qureshi made his application for restoration by email to the GMC on 17 April 2024. He provided an application form, an attested copy of his passport, and a medical services statement. Mr Qureshi provided details that he had been working in Pakistan from 4 January 2019 to 17 April 2024 at Mohi-ud-Din Islamic Medical College, Mirpur, Azad Kashmir, as a full time Senior Registrar/Assistant Professor of Surgery in the specialty of 'General Surgery'. The medical services statement was signed by Professor C, Principal at the Medical College, and stated that they were not aware of any concerns about Mr Qureshi's conduct or performance that might result in him being referred to the GMC for consideration of fitness to practise. Mr Qureshi also confirmed that he was registered with the Pakistan Medical & Dental Council (PMDC).

15. On 1 May 2024 Mr Qureshi provided further information, which included his Certificate of Good Standing from the PMDC. He stated that there were no outstanding enquiries or concerns regarding his professional practice except with the GMC, which were on its records. On 8 May 2024 Mr Qureshi confirmed that he had no health conditions that had raised any concerns or led to a formal process or investigation. He stated that XXX.

16. On 15 May 2024 the PMDC wrote to the GMC to provide the Certificate of Good Standing in respect of Mr Qureshi.

17. Mr Qureshi's application was referred by a GMC Assistant Registrar for consideration by a GMC medical and a GMC lay Case Examiner on 21 May 2024. The GMC confirmed that Mr Qureshi had no other open GMC cases or notifications on file.

Submissions

Submissions on behalf of the GMC

18. Mr Byrne, Counsel on behalf of the GMC, submitted that the application is opposed by the GMC.

19. Mr Byrne submitted that if the application were to be granted, conditions cannot be imposed and therefore Mr Qureshi would be able to undertake unrestricted practice shortly thereafter.

20. Mr Byrne submitted that Mr Qureshi has shown a lack of engagement with his regulator and the various Tribunals who have considered this case. Mr Byrne further stated that this Tribunal is the only hearing he has engaged with thus far and this is because it now 'suits his personal circumstances.'

21. Mr Byrne submitted that it is unfortunate that Mr Qureshi's misconduct led to erasure but stated that this was entirely of his own making. Mr Byrne went on to say that the 2018 Tribunal found that Mr Qureshi failed to comply with the conditions imposed on his registration; that there had been a lamentable failing to engage with his regulator; and that he had failed to address any of the findings against him.
22. Mr Byrne stated that Mr Qureshi has failed to follow any of the guidance provided to him regarding what reviewing Tribunals would be assisted by and submitted that this application for restoration falls far short in respect of materials.
23. Mr Byrne submitted that until day one of the hearing, Mr Qureshi had done the bare minimum to progress his restoration application. Mr Byrne submitted that Mr Qureshi turned up to the hearing with various documents to be considered, however, the GMC had no prior opportunity to review these documents ahead of the commencement of the hearing.
24. Mr Byrne reminded the Tribunal that the onus is on the doctor to demonstrate that he has kept his knowledge and skills up to date. He submitted that in the GMC's view, the information provided by Mr Qureshi in this respect is wholly inadequate and falls far short of the standards required of a doctor wanting to return to unrestricted practice.
25. Mr Byrne submitted that, other than courses in 2015, there has been no record of training whatsoever. He stated that this lack of evidence not only covers Mr Qureshi's time in Pakistan but also when he was working in the UK.
26. When considering whether Mr Qureshi has demonstrated insight, taken responsibility for his misconduct or addressed the findings against him, Mr Byrne submitted that there is no evidence of any insight or remorse in respect of Patient A. Mr Qureshi has stated that he does not accept the initial findings regarding this patient. Further, Mr Qureshi has now stated that there may have been 'financial motivation' in respect of the complaint made against him about Patient A. Mr Byrne submitted that this point of view cannot amount to evidence that he has demonstrated insight into his misconduct.
27. Mr Byrne submitted that in relation to Patient B, Mr Qureshi demonstrates a better acceptance of fault, so far as accepting that he did not have adequate consent about a number of features of the procedure in question. Mr Byrne stated that Mr Qureshi has given evidence that this was possibly due to his own personal stresses at the time, however, Mr Byrne submitted that any specific reflection in relation to what Mr Qureshi would do differently in the future if he was under similar stress again, was lacking.
28. In relation to remediation and repetition, Mr Byrne again submitted that factors such as Mr Qureshi's own personal stresses have not been reflected on or addressed.
29. In relation to whether clinical errors are more capable of being remedied than others, Mr Byrne submitted that the deficiencies found were indeed remediable, however, the

matters have moved on and it is now the persistent lack of engagement that remains the concern of the GMC. Mr Byrne stated that it is now 'too little too late'.

30. In relation to whether the misconduct is likely to be repeated, Mr Byrne submitted that it is simply impossible to assess this risk as Mr Qureshi has failed to engage with the GMC, evidence of CPD is non-existent and the development Mr Qureshi has undertaken has been 'informal at best', amounting to a couple of certificates.

31. Mr Byrne drew the Tribunal's attention to the comments made by the 2018 Tribunal:

'The Tribunal had regard to the conditions imposed by the initial Tribunal which it considered were workable. The Tribunal noted the absence of any communication indicating any difficulties in compliance with conditions. The Tribunal was of the view that a motivated, willing and engaged doctor should have seized the opportunity given by the initial Tribunal and demonstrated his willingness to maintain his registration.'

32. Mr Byrne submitted that the above comments still apply today and he concluded that the application was therefore opposed by the GMC.

Submissions from Mr Qureshi

33. Mr Qureshi submitted that the conditions initially imposed on his registration in 2016 were very restrictive. He stated that it was very difficult to secure a role under these conditions and asked the Tribunal to consider whether they would employ somebody with these type of restrictions on their registration.

34. Mr Qureshi stated that in relation to the concerns raised about him practising unrestricted in the near future, he had provided two testimonials from two professors. He also submitted that during his time living in Pakistan he was on average taking one lecture per week. He stated that he would not have been able to face a class of 100 students if he did not have adequate knowledge and stated that if there were any concerns in relation to his level of practical knowledge, he would not have been chosen for this position.

35. In relation to the concerns raised regarding Mr Qureshi's lack of supervision if he were to return to unrestricted practice, he stated that if he were to secure a hospital role, he may not have direct supervision but he would have senior colleagues whom he could call on if he was having difficulties or required support.

36. Mr Qureshi apologised for his lack of engagement with the GMC since 2014. However, he submitted that his personal circumstances should be considered to some extent. He stated that he has already been punished (at prior proceedings) for his non-engagement and further stated that it would be unfair to punish him twice for one mistake.

37. In relation to insight, Mr Qureshi submitted that he was aware of the harm he caused both patients and that his punishment was his 'general suffering in the professional

community’ and stated that every colleague of his knew that he had been erased from the register. Mr Qureshi submitted that he regrets his mistakes and cannot apologise enough for them, but he cannot undo them.

38. Mr Qureshi submitted that if he was given the opportunity to practice medicine unrestricted, he would ensure he did not undertake laparoscopic hernias as he did not want to cause any further harm to patients.

39. Mr Qureshi asked the Tribunal to give some weight to the testimonials he has provided and encouraged the Tribunal to grant his application.

The Tribunal’s Approach

40. The Tribunal reminded itself that its power to restore a practitioner to the GMC registers in accordance with Section 41 of the Act is a discretionary power. This power is to be exercised in the context of the Tribunal’s primary responsibility to act in accordance with the statutory overarching objective to protect the public, as set out later in this determination.

41. While the Tribunal has borne in mind the submissions made by the parties, the decision as to whether to restore Mr Qureshi’s name to the GMC registers is a matter for this Tribunal exercising its own judgment. The Tribunal reminded itself that, if it directs that Mr Qureshi’s name should be restored to the GMC registers, it can do so only without restrictions on his practice.

42. Throughout its consideration of Mr Qureshi’s application for restoration, the Tribunal was guided by the approach laid out in the MPTS ‘*Guidance for medical practitioners tribunals on restoration following disciplinary erasure*’ (‘the guidance’).

43. The Tribunal reminded itself that the onus is on Mr Qureshi to satisfy it that he is fit to return to unrestricted practice and that the Tribunal should not seek to go behind the findings of the 2017, 2018 and 2019 Tribunals.

44. The guidance sets out at B2 that:

“The test to be applied by tribunals when considering if a doctor should be restored is that ‘having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective?’.”

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

- a. the circumstances which led to the erasure;

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

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

The Tribunal's Decision

46. The Tribunal has considered the submissions made and has evaluated the evidence in order to reach its decision as to whether Mr Qureshi is fit to practise.

The circumstances which led to Mr Qureshi's erasure

47. In reaching its determination on Mr Qureshi's restoration application, the Tribunal had regard to the circumstances of the case. The Tribunal considered in detail the determinations made by the prior Tribunals and it reminded itself that it should not seek to go behind any of the findings made by them. The Tribunal noted the following comments from the 2019 Tribunal:

'The Tribunal determined that Mr Qureshi has reached the stage where he has demonstrated a persistent lack of insight and a persistent failure to engage with his regulator, which would undermine the public confidence in the medical profession. It determined that his failure to sufficiently remediate his misconduct means that he poses a risk to patient safety. As such, the Tribunal determined that his behaviour is now fundamentally incompatible with continued registration. The Tribunal concluded that erasure is the only means of protecting patients, maintaining public confidence in the profession and declaring and upholding proper standards of conduct. The Tribunal therefore directs that Mr Qureshi's name be erased from the Medical Register.'

48. The Tribunal noted that the 2019 Tribunal found that Mr Qureshi's lack of insight and failure to engage with the GMC would undermine public confidence in the medical profession. Paired with lack of remediation, the 2019 Tribunal determined that Mr Qureshi posed a risk to patients and it deemed his actions serious enough to be fundamentally incompatible with continued registration.

49. The Tribunal considered Mr Qureshi's oral evidence at this hearing. He explained that, following his dismissal from Staffordshire General Hospital and the complaint to the GMC, he had been placed under an interim order of conditions which he found difficult to comply with. Nonetheless, he had worked in hospitals in South Shields and in Kirkcaldy for two weeks each before working in a hospital in Hastings/Eastbourne for over a year. At the

end of 2015/beginning of 2016 he came under some family pressure to return to Pakistan to XXX. He therefore returned to Pakistan on 14 May 2016. XXX. He explained that ‘in my heart’ it was a permanent move. In Pakistan he set up a private clinic where he practised by himself carrying out surgical procedures with the help of a hired anaesthetist.

50. Mr Qureshi told the Tribunal that he did not attend the initial hearing in February 2017 because he was in Pakistan. He did not have any medical indemnity and, although he had initially instructed a solicitor when he was in the UK in relation to the interim order applications, it was far too expensive, and Mr Qureshi did not have the means to pay for legal representation. Further, he believed that his move to Pakistan was permanent and that he would not need to practise in the UK again.

51. Mr Qureshi said that he did not attend the February 2018 Tribunal hearing because he was busy with his practice and still did not at that time have any intention of returning to practise in the UK. In any event, it was too expensive to instruct a solicitor here in the UK. He agreed that he ‘ignored it’.

52. As for not attending the February 2019 Tribunal hearing, Mr Qureshi said that ‘I’d given up; I had forgotten about the UK; I had no intentions to return’. By that time, he had, on 4th January 2019, been appointed as a Senior Registrar in the Surgery department at Mohi-ud-Din Islamic Medical College in Mirpur. He still carried on with his own private clinic and divided his time between the two organisations.

53. XXX. However, at that time, Mr Qureshi remained in Pakistan and carried on with his clinical practice. However, in due course XXX returned to the UK (XXX) and Mr Qureshi felt under pressure to do likewise. XXX. Mr Qureshi had no other close relatives in Pakistan and began to feel isolated. Although he was now XXX years old, Mr Qureshi still was fit and felt that he could contribute and be of service to the UK. It was in these circumstances that he decided to apply for restoration.

54. The Tribunal saw no reason to doubt Mr Qureshi's evidence on this point. It considered that he has provided a reasonable and logical explanation for his non-attendance at each of the three tribunal hearings in 2017, 2018 and 2019. He had, effectively, relocated his practice to Pakistan and at those times had no intention of returning to the UK. Although Mr Qureshi indicated that he regretted his lack of engagement, the Tribunal accepted his explanation and considered that it would not be appropriate to draw any adverse conclusions from his former lack of engagement with the GMC. Nonetheless, this current Tribunal considered that the previous Tribunals had no alternative, ultimately, to suspend and then to erase Mr Qureshi, entirely because of his non engagement with, and ignorance of, those proceedings. Indeed, the Tribunal considered that if Mr Qureshi had attended any of the previous hearings, it is unlikely that matters would have come this far.

55. Otherwise, the Tribunal noted that, until the two surgical issues in 2014, Mr Qureshi was otherwise of good character (before and since) and that they were isolated incidents in an otherwise unblemished career. Moreover, the Tribunal noted that the initial Tribunal

considered that his failings on those two occasions were remediable. Finally, neither Patient A nor Patient B suffered any, or any significant harm (although there was a risk of harm).

Whether Mr Qureshi has demonstrated insight into the matters that led to erasure, taken responsibility for his actions, and actively addressed the findings about his behaviour or skills

56. The Tribunal noted that the onus is on Mr Qureshi to produce enough evidence to satisfy the Tribunal that he has now demonstrated insight into the matters that led to his erasure.

57. The Tribunal considered Mr Qureshi's oral evidence at this hearing. With regard to Patient B, Mr Qureshi admitted that there were flaws in him obtaining consent. He stated that he made a wrong decision to undertake a laparoscopic hernia because he 'did not register it mentally' and 'failed to rehearse the operation procedure in my head'. He accepted that he had been negligent and that he had made a mistake. During the procedure, his surgical colleague suggested that they should revert to an open procedure but Mr Qureshi decided to carry on for the wrong reasons. He had not consented the patient for an open procedure and was afraid that he would have to face the patient to explain what he had done. He blamed no one else because he was in charge and therefore he took responsibility. He had learned his lesson and had now stopped doing laparoscopic hernias since (although he had carried out a very simple operation in Pakistan on one occasion only). He was not planning on doing laparoscopic hernias in the future. In fact, laparoscopic hernias, in his opinion, did not provide as many benefits as open hernias and he thought that maybe he should simply carry on doing open hernia operations in the future. He was sure that many surgeons did not do laparoscopic hernias but could still take consultant positions.

58. With regard to Patient A, the Tribunal noted that the initial Tribunal heard evidence that Mr Qureshi applied clips to the cystic duct but that, following prompting from Mr D, he was only successful on his third attempt in achieving a complete occlusion of the duct. In addition, that Tribunal accepted evidence from Mr D that that he had had to verbally prompt Mr Qureshi on at least two occasions that the clips were not properly applied as Mr Qureshi did not appear to have noticed. Mr D had said that this was a crucial aspect of the surgery and that even a junior doctor should be aware of the importance of this. The initial Tribunal also took account of Mr D's assertion that he considered Mr Qureshi to be operating at the level of a middle grade registrar who was still in need of training and supervision. That Tribunal was also mindful of the oral evidence from Mr D of the method used by Mr Qureshi to control the bleeding from Patient A's liver. Mr D stated that in this case it was not a very serious bleed but he thought that Mr Qureshi's technique was inadequate. He stated that if there had been a more serious bleed Mr Qureshi would have been in greater difficulty. He expected Mr Qureshi as a locum consultant to be able to handle bleeding.

59. In his oral evidence Mr Qureshi initially indicated that he did not fully agree with Mr D's assessment. Mr Qureshi had performed at least 100 similar operations (laparoscopic cholecystectomies) in the UK before this event and, in Pakistan had conducted a similar number subsequently. In cross examination, he initially agreed that the view he set out in his

letter dated 22nd April 2014 was still his opinion now. In that letter Mr Qureshi had stated that he accepted Mr D's 'minor concerns' about his technique as 'minor variations of technique' only and that he did not feel that he needed to change his practice. In his oral evidence he went on to say that when he first applied the clips they were crisscrossed and that if he had not done them competently then he would do them again. This was not ideal but it worked so long as the duct was not leaking. If he wanted to be 100% sure he would apply a third clip. He accepted that Mr D had to step in and take over but only because the liver was sticking to one of the clips. Mr Qureshi then indicated that he had subsequently been more careful in this aspect of his surgical technique. The position was not quite the same now as in 2014 - one should always try to achieve excellence, but this was one single procedure which went wrong.

60. In answer to Tribunal member questions, Mr Qureshi accepted that he did not perform well on this occasion, possibly because of stress. When it was suggested that nothing had changed in his practice, Mr Qureshi said that he had subsequently improved his technique and that, if he had been on his own during the operation on Patient A, would have dealt with the problem very quickly. However, Mr D took over and Mr Qureshi was not in a position to contradict him because he was but a locum. In the future he would make sure that double clipping would be done (he had in fact always done so) but on that day the clip was too short. Finally, in his submissions, the Tribunal noted that Mr Qureshi accepted that his performance on that day was sub optimal.

61. The Tribunal considered that, in relation to Patient B, Mr Qureshi had full insight into his misconduct. The Tribunal noted that Mr Qureshi fully accepted that he made mistakes in relation to Patient B and accordingly accepted the initial Tribunal's findings against him in this regard. As for his evidence that he would willingly undertake not to perform laparoscopic hernias in the future, the Tribunal considered that this demonstrated a lack of confidence in his abilities in this area but, more importantly, was also an indication of insight into what he considered to be limitations in his practice.

62. In relation to Patient A, the Tribunal was of the view that although Mr Qureshi took longer to accept the initial findings against him, he eventually accepted that his technique was sub-optimal rather than gold standard during the laparoscopic cholecystectomy. The Tribunal was satisfied that he understood what went wrong and that he would be more vigilant in the future. In addition, the Tribunal was satisfied that the risk of repetition was very low, especially given that this appeared to be one isolated incident in an otherwise unblemished career. The Tribunal also noted that Mr Qureshi had attended a course on Bile Duct and Advanced Laparoscopic Surgery on 25th March 2015, a Groin Hernia Repair course on 4 March 2015 and a Conference on Controversies in Hernia Surgery on 25 and 26 February 2015 (such details apparently not having been before the initial Tribunal in February 2017) and therefore appears to have done some remediative training.

63. The Tribunal therefore found that at this stage in proceedings, Mr Qureshi had full insight in relation to Patient B and sufficient insight in relation to Patient A.

What Mr Qureshi has done since his name was erased from the register and the steps Mr Qureshi has taken to keep his medical knowledge and skills up to date

64. The Tribunal next considered what Mr Qureshi has done since his erasure and the steps he has taken to keep his medical skills and knowledge up to date.

65. The Tribunal had regard to the documentation it had before it and the evidence provided by Mr Qureshi to support his restoration application. In addition to the three course certificates mentioned above, Mr Qureshi also produced a certificate confirming that he had passed an MSc in Human Anatomy (the certificate from the University of Edinburgh being dated 29th October 2020). He stated that, although this qualification did not improve his surgical technique, it did improve his knowledge of anatomy.

66. In his oral evidence, he said that he carried on working in Pakistan but did not have access to the latest medical journals. He had accessed websites (such as YouTube) to keep up to date with operational techniques. By such means he could watch operations performed by world class surgeons and he learned from them. He also carried on following NICE and other guidelines. He indicated that he would be happy to undertake an exam to prove that he had sufficient surgical techniques. He also indicated that when he worked at the hospital in Pakistan he did have discussions with colleagues and they indulged in practical knowledge sharing. However, there were no formal courses and he was unable to produce any documents about any learning he had undertaken. He indicated that he would be able to produce the log books of the operations that he undertook if required.

67. The Tribunal noted that, aside from three certificates from courses Mr Qureshi undertook some 9-10 years ago, together with his MSc in Anatomy (which it considered demonstrated a willingness to learn and to refresh his knowledge) he had not provided anything further by way of documentary evidence of further learning. The Tribunal noted that Mr Qureshi mentioned during oral evidence that he did undertake some research online in order to keep his skills up to date, such as watching surgical operations on YouTube. However, the Tribunal took the view that in order to be relevant, or considered by the Tribunal, these specifics should have been clearly documented by Mr Qureshi and provided to the Tribunal to support his application so that their relevance and quality could be ascertained. In addition, the Tribunal noted that Mr Qureshi had not practised his clinical skills in the UK since going to Pakistan in May 2016, a period now of over 8 years. It therefore had concerns that Mr Qureshi might not have sufficient up to date knowledge of the requirements of practising specifically in the UK.

68. Overall, therefore, the Tribunal was not satisfied that Mr Qureshi had provided enough evidence to prove that he has kept his medical skills and knowledge up to date sufficient for him to practice unrestricted in a UK setting.

The lapse of time since erasure

69. The Tribunal found that although it was satisfied that Mr Qureshi now had sufficient insight into his misconduct, there has been a significant lapse of time, during which Mr Qureshi has practised outside UK jurisdiction. The Tribunal considered that therefore it has doubts that his current level of knowledge is adequate to resume unrestricted practice in the UK.

Will restoration meet the overarching objective?

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

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

71. The Tribunal considered the lapse of time mentioned above and noted that in order to protect, promote and maintain the health, safety and well-being of the public, it could not allow Mr Qureshi to practise unrestricted due to the concerns identified in relation to his current level of medical knowledge of practising in the UK.

72. The Tribunal noted that, although the risk of repetition in this case is low, Mr Qureshi has not sufficiently demonstrated that he is up to date with the practice of medicine in the UK and therefore that his current medical skills and knowledge in this regard are lacking. Further, the Tribunal noted what it considered to be Mr Qureshi's lack of confidence in undertaking laparoscopic hernias, which in turn demonstrated an area of his practice which could be improved. Therefore, the Tribunal found that, in order to promote and maintain public confidence in the profession it could not allow Mr Qureshi to resume to practise unrestricted.

73. The Tribunal considered the promotion and maintenance of proper professional standards and conduct for members of the profession and noted that doctors cannot be allowed to practice unrestricted unless they can demonstrate that their skills and knowledge about practising in the UK are sufficiently up to date.

74. In conclusion, the Tribunal determined that, although it considered Mr Qureshi's insight to be sufficient and the risk of repetition to be low, it did not consider that Mr Qureshi had provided enough evidence to prove that he has adequately kept his medical skills and

knowledge up to date. It therefore found that it would not be safe to allow Mr Qureshi to resume unrestricted practice.

75. Accordingly, it determined that Mr Qureshi's name should not be restored to the GMC registers.

Mr Qureshi's right to make further applications for restoration

76. The Tribunal noted that Mr Qureshi must automatically wait at least 12 months from the date of his first application (not from the date of this decision) before applying for restoration again (namely until April of this year). The Tribunal has no discretion to make this period longer or shorter unless the doctor has made two or more previous applications.

77. The Tribunal strongly suggested that at any future restoration hearing, Mr Qureshi demonstrates, by submitting appropriate documentation, that his clinical skills and knowledge regarding practising medicine in the UK are up to date.