PUBLIC RECORD

Dates: 07/11/2022 - 21/11/2022

Medical Practitioner's name:	Mr Galaa FAYED
GMC reference number:	3438389
Primary medical qualification:	MB ChB 1976 University of Alexandria

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

Summary of outcome

Suspension, 12 months.
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Miss Rachel Birks
Lay Tribunal Member:	Ms Colette Neville
Medical Tribunal Member:	Dr Stephen Duxbury

Tribunal Clerk:	Mr Josh Dayco

Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Michael Rawlinson, Counsel instructed by the MDU
GMC Representative:	Ms Katie Jones, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts - 16/11/2022

Background

1. Dr Fayed qualified in 1976 at Alexandria University in Egypt. He obtained his FRCS in 1989 in Edinburgh. Dr Fayed worked as a Surgeon until 1990 when he began General Practice training. He then qualified as a General Practitioner ('GP') in 1993 and started working in locum GP posts. Dr Fayed became a GP partner at a surgery in Essex in 1995 where he worked for four years. He then moved to a surgery in Staffordshire where he remained until 2002, before joining the Fisher Street Surgery ('the Surgery') which he ran as a single-handed GP. The Surgery merged with Lockstown Medical Practice in 2014 to form a new practice ('the Practice'). The husband-and-wife partners of Lockstown Medical Practice took over the day to day running of the Practice with Dr Fayed continuing to be based at the Surgery. At the time of the events in question Dr Fayed was practising as a GP at the Surgery. He ceased working at the Surgery in 2019.

2. The allegation that has led to Dr Fayed's hearing involves dishonesty in relation to record keeping and a number of failures in relation to two medical consultations, concerning two different patients.

Patient A

3. On 4 October 2017, it is alleged that, Dr Fayed saw Patient A for an appointment, failed to carry out a digital rectal examination and falsely recorded in Patient A's medical records that he had examined Patient A. It is also alleged that, having not conducted an examination, Dr Fayed knew that his record which stated that an examination had taken place was incorrect, and that this was, therefore, dishonest.

Patient B

4. On 2 October 2018, it is alleged that, Dr Fayed saw Patient B for an appointment and failed to carry out a digital rectal examination, arrange a prostate-specific antigen ('PSA') blood test, arrange a urinalysis test and obtain a mid-stream specimen of urine. Dr Fayed

accepts that he failed to arrange a PSA test and obtain a mid-stream specimen of urine. Dr Fayed said that it would be his standard practice to arrange those tests. However, he could not recall why he had failed to do so on this occasion.

5. It is also alleged that, having not conducted an examination, Dr Fayed knew that his clinical record which stated that an examination had taken place was incorrect, and that this was, therefore, dishonest.

6. Concerns were initially raised with the GMC on 17 December 2018 by Dr C, a Locum GP at the Practice, in relation to Patient B. The concerns in relation to Patient A came to light following a consultation on 17 April 2019 with Dr D, when Patient A was told that on 4 October 2017 Dr Fayed had recorded an examination of Patient A, which Patient A disputed had happened.

The Allegation and the Doctor's Response

7. The Allegation made against Dr Fayed is as follows:

That being registered under the Medical Act 1983 (as amended):

Patient A

1. On 4 October 2017 you treated Patient A and you failed to carry out a digital rectal examination.
   To be determined

2. You recorded in Patient A's medical records that you had examined Patient A, as set out in Schedule 1.
   To be determined

3. You did not carry out the examination as described at paragraph 2.
   To be determined

4. You knew that the examination as described at paragraph 2 had not taken place.
   To be determined

5. Your action described at paragraph 2 was dishonest by reason of paragraphs 3 and 4.
   To be determined

Patient B

6. On 2 October 2018 you treated Patient B and you failed to:

a. carry out a digital rectal examination;
To be determined

b. arrange a prostate-specific antigen ('PSA') blood test;
Admitted and found proved

c. arrange a urinalysis test;
To be determined

d. obtain a mid-stream specimen of urine.
Admitted and found proved

7. You recorded in Patient B's medical records that you had examined Patient B, as set out in Schedule 2.
To be determined

8. You did not carry out the examination as described at paragraph 7.
To be determined

9. You knew that the examination as described at paragraph 7 had not taken place.
To be determined

10. Your action described at paragraph 7 was dishonest by reason of paragraphs 8 and 9.
To be determined

Schedule 1

04-Oct-2017 11:44	Face to face consultation (Lockstown Practice (FISHER STREET)) FAYED, G E (Dr)
History	fresh blood p / r on toilet paper 3 / 7 b.o.r. no wt loss
Examination	pt declined chaperone well abdomen soft. no tenderness. no masses pile at 7 oclock
Comment	advice re. fluids & fibre r / v p.r.n.
Problem	**Piles - haemorrhoids** *(First)*
Medication	Cinchocaine 0.5% / Hydrocortisone 0.5% ointment Apply Each Morning And Night And After A Bowel Movement 30 gram

Schedule 2

02-Oct-2018 11:19	Face to face consultation (Lockstown Practice (FISHER STREET)) FAYED, G E (Dr)
History	Frequency 3 / 12 D every 30 min N +2 Weak flow urgency
Examination	Abdomen soft. no tenderness. no masses P / R (patient declined a chaperone) large smooth prostate
Comment	B.H..P.
Medication	Nitrofurantoin 100mg modified-release capsules One To Be Taken Twice A Day 14 capsule Tamsulosin 400microgram modified-release tablets One To Be Taken Each Day 60 tablet
History	dysuria 3 / 7 ++
Examination	Loins not tender No urine specimen
Comment	U.T.I. r / v p.r.n.

The Admitted Facts

8. At the outset of these proceedings, through his Counsel, Mr Rawlinson, Dr Fayed made admissions to parts of the Allegation, namely paragraph 6(b) and 6(d), in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). The Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

Witness Evidence

9. The Tribunal received evidence on behalf of the GMC from the following witnesses:

- Patient A, in person; and
- Patient B, by video link.

10. The Tribunal also received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Dr E, GP and Senior Partner at the Practice and
- Dr C, Locum GP at the Practice.

11. Dr Fayed provided his own witness statement dated 25 August 2022. He also gave oral evidence at the hearing.

Expert Witness Evidence

12. The Tribunal also received evidence from one expert witness, Dr F, Senior GP, instructed on behalf of the GMC. She provided an Expert Report dated 28 May 2019, which was agreed by Dr Fayed and also gave oral evidence by video link.

Documentary Evidence

13. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:

- Extracts of Patient A and Patient B's medical records;
- Audit data in respect of the computerised records of Patient A's appointment on 4 October 2017 and for Patient B's appointment on 2 October 2018;
- Dr Fayed's appointment lists dated 4 October 2017 and 2 October 2018;
- Email correspondence between Dr C and Dr E dated 3 December 2018;
- Dr C's initial complaint form to the GMC dated 17 December 2018;
- Email from Patient A to the Practice Manager at the Practice dated 24 April 2019;
- Letter from Patient B to the Practice Manager at the Practice dated 14 February 2019;
- Dr Fayed's curriculum vitae;
- 360 degree feedback for Dr Fayed;
- Testimonials/references for Dr Fayed.

The Tribunal's Approach

14. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC. It is for the GMC to prove the Allegation. Dr Fayed does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e. whether it is more likely than not that the alleged events occurred. The Tribunal accepted the advice of the Legally Qualified Chair that there is only one civil standard of proof. Neither the seriousness of the allegations nor the seriousness of the consequences makes any difference to the standard to the applied. However, the less probable the allegation, the more cogent the evidence needed to be able to find it proved.

15. Where relevant to its decision-making process, the Tribunal accepted the advice of the Legally Qualified Chair that it should apply the test for dishonesty set out in *Ivey v Genting Casinos (UK) Limited (t/a Crockfords Club) [2017] UKSC 67*, and confirmed as the approach in regulatory cases in *Barton and Booth v R [2020] EWCA Crim 575*:

> *'When dishonesty is in question the fact-finding Tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent*

people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.'

16. The Tribunal considered the case of *Khan v General Medical Council [2021] EWHC 374 (Admin)*, as invited to by the parties. It accepted the advice of the Legally Qualified Chair that this case set out that a Tribunal should not base its assessment of a witness's credibility solely on their demeanour when giving evidence. The Tribunal should consider all of the evidence before it and should consider the credibility, reliability and cogency of each piece of evidence.

17. In assessing the evidence, the Tribunal considered the case of *Dutta, R v General Medical Council (GMC) [2020] EWHC 1974 (Admin) (22 July 2020)* where the judge addressed errors in the approach of the Tribunal. The Tribunal was mindful of starting with the objective facts as shown by authentic contemporaneous documents, independent of witnesses, and using other evidence as a means of subjecting these to critical scrutiny.

The Tribunal's Analysis of the Evidence and Findings

18. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.

19. The Tribunal received testimonial evidence in relation to Dr Fayed's character. The Tribunal admitted this evidence at this stage on the basis that such evidence was relevant to Dr Fayed's credibility and also to his propensity to act dishonestly. In deciding what weight to attach to the testimonial evidence, the Tribunal noted that the authors of both testimonials were not aware of the full specificity of the Allegation. The Tribunal also noted that neither author had worked with Dr Fayed for more than a few months. However, this did not prevent the Tribunal from giving some, albeit limited weight to the testimonials provided at this stage.

20. The Tribunal was cognisant throughout that Dr Fayed is of good character and that this is relevant in two ways:
    a. It is relevant to his credibility and whether his evidence should be believed.
    b. Being of good character, and with a long and unblemished career, might mean that he was less likely to have acted as set out in the Allegation.

21. The Tribunal determined that it could give some weight to Dr Fayed's good character at this stage, and that it was one element of the case to be taken into account.

22. The Tribunal noted that Dr Fayed could not recollect either of the consultations with Patient A or Patient B, which it considered to be understandable given the lapse of time and the number of patients that a GP would see on a daily basis. The Tribunal was careful to scrutinise all of the evidence before it.

23. The Tribunal gave careful consideration to the inherent probability of a doctor acting dishonestly in the manner alleged. It was not persuaded by Mr Rawlinson's submission, on behalf of Dr Fayed, that it was inherently improbable for a doctor to make a false record about an examination that had not taken place. Such conduct is possible, if a doctor is trying to cover up that they have not done the necessary examination. The Tribunal considered, as suggested by Mr Rawlinson, whether the probability was reduced by the late stage of Dr Fayed's career. The Tribunal did not consider that the fact that Dr Fayed had indicated that he was close to retirement made it any less probable that he would act in the way alleged, than someone who was a more junior doctor. The Tribunal also balanced the probability of a doctor acting dishonesty with the probability of two unrelated patients making up similar allegations against a doctor a year apart. Neither is inherently improbable.

24. The Tribunal gave careful consideration to the submission of Mr Rawlinson, that it is often stated that if it is not in the records something did not happen and the Tribunal's starting point in this case should be that because it is in the records it did happen. The Tribunal was not persuaded by the logic of this argument, given the allegations in this case are very much concerned with the authenticity of the content of the records made by Dr Fayed.

25. The Tribunal gave very careful consideration to the EMIS audit evidence, obtained in part by the GMC in advance of the hearing, and in part during the hearing at the request of the Tribunal and with Dr Fayed's agreement. The data was limited in its evidential value, as it is clear that the record status is changed to 'Send In' once the GP is ready to see the patient, but that the patient is not yet in the room at the time. The status is changed to 'Left' when the GP presses the relevant button after the consultation, which can be once the patient has left the room. Indeed, Dr Fayed stated he would change the status to 'Left' after he had written in the patient records which he always did when the patient had already left the room. Patient A's evidence is that he was in the consultation for a couple of minutes. Patient B's evidence was that he was in for between 5-10 minutes. Dr Fayed doesn't remember the two consultations and so relies on the audit information. The only conclusion that the Tribunal could reach in relation to the audit documents and length of consultations was that:
    a. On 4 October 2017 Patient A's consultation, from Dr Fayed pressing 'Send In' to him pressing 'Left' after writing up his clinical notes, took no longer than seven minutes, between 11.44 and 11.51,
    b. On 2 October 2018 Patient B's consultation, from Dr Fayed pressing 'Send In' to him pressing 'Left' after writing up his clinical notes, took no longer than nine minutes, between 11.19 and 11.28.

26. Such a conclusion from the evidence does not disprove either patient's evidence about the length of time they were in the room with Dr Fayed. Nor does it disprove Dr Fayed's evidence that the consultations were up to seven and nine minutes in length respectively, which he said included writing up the clinical notes and was ample time for him to have carried out the disputed examinations.

Paragraph 1 of the Allegation

27. The Tribunal considered whether Dr Fayed, on 4 October 2017, treated Patient A and failed to carry out a digital rectal examination.

28. The Tribunal heard evidence from Patient A that he had been suffering from bleeding when passing stools for approximately one year. He had become increasingly concerned as the bleeding had become more severe and so he decided to seek medical attention. On 4 October 2017 he made an appointment in the morning and attended the Fisher Street branch of the Practice for an emergency consultation. He states that he explained his symptoms to Dr Fayed and showed Dr Fayed a photograph of a piece of tissue paper containing excessive amounts of blood, to illustrate the extent of the bleeding suffered. He stated that Dr Fayed asked whether he could feel 'grape sized lumps' when passing stool and he confirmed that he could not. Patient A's account was that Dr Fayed then stated that he was suffering from haemorrhoids. Patient A was expecting Dr Fayed to carry out a rectal examination and he stated that Dr Fayed did not carry out any sort of physical examination and spent the entirety of the consultation sitting down with his arms folded across his chest. Patient A's evidence was that he asked Dr Fayed whether an examination was necessary and Dr Fayed stated that it was not, as he knew he was suffering from haemorrhoids and prescribed him cream to apply.

29. The Tribunal considered and accepted the agreed expert evidence from Dr F, which enabled it to conclude that if a digital rectal examination had not been carried out this was a culpable failure. Dr F stated the following:

> '*Based on the history documented, [Patient A] complained of rectal bleeding. Rectal bleeding indicates that the patient complains of the presence of blood passed per rectum. This is a common presentation and may indicate serious underlying disease. It should not be attributed to haemorrhoids without proper investigation.'*
>
> *'A reasonably competent General Practitioner would arrange a digital rectal examination to assess for any local causes of rectal bleeding such as Piles (haemorrhoids) before considering alternative causes. In view of the significant symptom of rectal bleeding, if Dr Fayed failed to carry out a rectal examination, in my opinion this would fall seriously below the standard expected of a reasonably competent General Practitioner.'*

30. The Tribunal noted that within Dr Fayed's evidence, he said that he does not recall the consultation with Patient A. Dr Fayed stated that in giving evidence he was reliant on the content of his notes which he stated implied a rectal examination had been carried out, and his usual practice as a GP, which would be to carry out a per rectum examination.

31. The Tribunal carefully considered the medical records of Patient A. It noted the record of his face-to-face consultation with Dr Fayed on 4 October 2017 at the Surgery. Dr

Fayed recorded entries in the history, examination and advice section of the records. He diagnosed Patient A with '*Piles – haemorrhoids'* and prescribed medication. The Tribunal paid close attention to the entry in the examination section of the notes of Dr Fayed. It noted that within the record it states that:

'*pt declined chaperone*
well
abdomen soft. no tenderness. no masses.
pile at 7 oclock'

32. The Tribunal then compared this with Patient B's medical record dated 2 October 2018, also in relation to a face-to-face consultation with Dr Fayed. The Tribunal noted that within the examination field, Dr Fayed had a similar note pattern. However, within Patient B's record, Dr Fayed had explicitly recorded '*P/R'* (per rectum) whilst 'P/R', the specific indicator of a per rectum examination, was not recorded within Patient A's medical records on 4 October 2017. The Tribunal considered this to be a significant difference, which Dr Fayed had difficulty in explaining.

33. The Tribunal took into account Dr Fayed's oral evidence that he would only note positive findings, which may be why his record from 4 October 2017 did not specifically state a 'P/R' examination. However, the Tribunal noted that this was not accurate, as it noted within that entry, that Dr Fayed has recorded negative findings elsewhere, such as '*abdomen soft. no tenderness. no masses'*.

34. The Tribunal noted Dr F's evidence that it is possible for piles to be seen by way of visual examination, but that given the symptoms of Patient A, a rectal examination was required. It also noted that Dr Fayed did not seek to argue that just a visual examination had been carried out. His firm position was that his notes implied a rectal examination and that it was his practice to carry out a rectal examination when a patient had such symptoms.

35. The Tribunal gave consideration to the fact that 18 months had lapsed after Dr Fayed's consultation with Patient A, before Dr D disclosed to Patient A that Dr Fayed had recorded that an examination took place during the consultation on 4 October 2017, and Patient A was first asked for his account of the consultation. The Tribunal determined that this did not impact the reliability of evidence given by Patient A with regard to the key issue. Whilst the appointment was a routine one for Dr Fayed, the Tribunal accepted that it was significant for Patient A. He had experienced blood trickling down his leg whilst passing stools, and was worried. He had discussed his symptoms with family members who had advised that a GP would be likely to need to examine him. He had attended the appointment, which was an emergency one, with Dr Fayed on 4 October 2017. He had expected to be examined. For him the consultation was memorable, and the Tribunal considered that the key aspects of his recollections were unlikely to be impacted by the passage of time.

36. The Tribunal noted the evidence of Patient A, that the only rectal examination he had ever had was the one that Dr D had carried out on 17 April 2019. Patient A gave a very clear description of the per rectal examination which was largely consistent with Dr F's account of how such an examination should be carried out. The Tribunal noted that Patient A had found it to be uncomfortable and accepted his evidence that such an intimate examination was memorable. Patient A recalled, for example, a matter not in the notes, to the effect that Dr Fayed had asked him if he could feel *'grape sized lumps'*. Dr Fayed agreed that he would have asked this question. The Tribunal also found Patient A's oral evidence to be persuasive when he stated: *'I am pretty sure that I would know if someone put a finger up my rectum'.*

37. The Tribunal gave careful considerations to Mr Rawlinson's submissions that Patient A was not a reliable witness due to the fact that he had given changeable oral evidence about being prescribed a suppository as well as ointment for haemorrhoids, which was not reflected in the medical records before the Tribunal. The Tribunal concluded that Patient A's confusion on when suppositories were prescribed, and by whom, was not sufficient to undermine his overall credibility on the key issue:
    a. having had questions asked on this for the first time in the hearing;
    b. given that five years have elapsed; and
    c. given that his full medical records were not available to him.

38. The Tribunal considered the submission that Patient A was prone to exaggeration, and that this was borne out from his medical records where his painkilling medication had quickly escalated. Dr F gave the opinion that this escalation was '*not very quick, but quick*' and she was not prepared to say that it was inappropriate. Dr F also stated that it was usual practice to prescribe as required liquid morphine and morphine tablets together as they work differently. The Tribunal has seen no evidence that Patient A's level of pain was exaggerated.

39. The Tribunal considered whether Patient A's comment to the Practice Manager that he would seek legal advice once he became aware of the contents of his records from 4 October 2017 affected his credibility. There is no evidence that Patient A sought legal advice, initiated a claim or has been motivated by the potential of compensation. There is no evidence of any gain to Patient A in giving inaccurate evidence before this Tribunal.

40. The Tribunal also noted that Patient A was not aware of any other complaints from patients, when he first raised his concern that Dr Fayed had recorded an examination that had not taken place. Patient A's complaint has been consistent throughout, including after he was told by the Practice Manager at the practice of other issues. Therefore, the Tribunal determined that the knowledge of other complaints raised by patients did not 'colour' Patient A's memory of events, although it may have motivated him to attend the hearing and give evidence.

41. The Tribunal carefully considered Patient A's evidence that he attended his consultation with knowledge of what the possible diagnosis could be and that an examination would

likely be necessary. Mr Rawlinson submitted that given Patient A's personality he would have challenged a lack of examination, diagnosis and prescription, had the consultation occurred in the way he alleges. The Tribunal accepted Patient A's evidence that he had indeed asked Dr Fayed whether he was going to examine him, and that he said that he did not need to. The Tribunal found Patient A's oral evidence in response to cross examination to be persuasive. It noted his evidence that at that point he had not used doctors very often in his lifetime and would not question someone who has '*dedicated their life to medicine and who has a degree in that department…and who theoretically should know*'. The Tribunal also accepted his evidence that he is not someone who liked confrontation. He stated '*I would not challenge or be happy for a form of confrontation. I would not do this in terms of my personality'.*

42. The Tribunal also considered Mr Rawlinson's submission that if an examination did not take place, then why did Patient A not raise it during his consultation with Dr D on 7 September 2018. The Tribunal noted that, at the time, Patient A was experiencing other medical symptoms, as well as *'bleeding from back passage'*. Dr D's note of that consultation makes it clear that other medical symptoms were given priority at that time and that Patient A was advised to book a double appointment to discuss his other concerns. Patient A could only raise a matter about the contents of his records if he knew what was within them. Patient A was not aware of what Dr Fayed had recorded within his medical records on 4 October 2017 until he was told by Dr D at his consultation on 17 April 2019.

43. The Tribunal accepted Patient A's evidence that his first and only rectal examination was with Dr D in April 2019. The Tribunal accepted that he would remember if he previously had a rectal examination. The Tribunal also considered the differences between Patient A and Patient B's medical records where Dr Fayed had explicitly indicated 'P/R' within Patient B's medical records. Dr Fayed could not provide a satisfactory explanation as to why he did not record 'P/R' within Patient A's record, if he had indeed examined him rectally.

44. In all of the circumstances, on the balance of probabilities, the Tribunal determined and found paragraph 1 of the Allegation proved.

<u>Paragraph 2 of the Allegation</u>

45. The Tribunal considered whether Dr Fayed had recorded in Patient A's medical records that he had examined Patient A, as set out in Schedule 1.

46. The Tribunal considered the medical records of Patient A from his consultation with Dr Fayed on 4 October 2017. The Tribunal found that within the records it stated the following:

'*pt declined chaperone*
well

abdomen soft. no tenderness. no masses.
pile at 7 oclock'

47. The Tribunal also noted that within Dr Fayed's evidence he accepted that he recorded those entries within Patient A's medical records.

48. Therefore, the Tribunal determined and found paragraph 2 of the Allegation proved.

Paragraph 3 of the Allegation

49. The Tribunal considered whether Dr Fayed did not carry out the examination as set out in paragraph 2 of the Allegation.

50. The Tribunal considered the evidence of Dr Fayed. He said that he will never record an examination if it did not take place. He added that, if he did, that would be lying and dishonest. Although Dr Fayed does not have any recollection of the consultation with Patient A, he said that the examination must have taken placed because he had recorded it within Patient A's medical records.

51. The Tribunal considered the likelihood that Patient A must have been mistaken/confused about what took place during his consultation with Dr Fayed, and whether some sort of visual examination may have taken place which fell short of a rectal examination. It noted that Patient A had had three other consultations within the next 12 months where he may have been required to remove clothing from his lower body. The Tribunal considered the oral evidence of Patient A, which he stated the following:

'*I was sat opposite Dr Fayed and recall him sat in the chair with his arms crossed.'*

'Unless Dr Fayed can see through a chair or through my trousers, he did not do an examination.'

52. During Patient A's oral evidence, the Tribunal asked Patient A a series of questions. The following questions were put by the Tribunal to Patient A.

'*Did Dr Fayed touch you at all?'*
Patient A: '*He did not get up from his chair at all.'*

'Did he put his hand on your tummy?
Patient A: '*No'*

'Did you get on to the couch?'
Patient A: '*No'*

'Did you lift or remove any clothing?'
Patient A: '*No'*

53. Patient A also confirmed that Dr Fayed did not examine his buttocks and there was no visual examination of the area.

54. The Tribunal noted within the evidence of Patient A that he was not happy at the end of the consultation and asked about an examination. However, Dr Fayed said that it was not necessary. The Tribunal considered why if no examination at all had taken place, Patient A did not further challenge Dr Fayed to examine him and considered that this overlapped with its assessment of the evidence in relation to why he did not challenge him more assertively about the lack of a rectal examination.

55. The Tribunal considered the quality of evidence provided by Patient A. It noted the clarity and consistency of his recollection on what took place during his consultation with Dr Fayed. The Tribunal noted that Patient A clearly remembered that the consultation was an emergency appointment and the discussion between him and Dr Fayed, when he was asked if he could feel a '*grape sized lumps'.* This was confirmed and accepted by Dr Fayed during the course of the hearing.

56. In all of the circumstances, the Tribunal determined that Patient A's recollection of key events was clear. His oral evidence was consistent with his email to the Practice Manager and subsequent witness statement, in which he was adamant that Dr Fayed had remained seated throughout the consultation and had not examined him. There was nothing which the Tribunal could identify which impacted his reliability. The Tribunal noted the similarity with Patient B's account of his consultation, in that both Patient A and Patient B were expecting to be examined and stated that Dr Fayed had said he knew what the problem was, without a rectal or any other examination. On the balance of probabilities, the Tribunal determined and found paragraph 3 of the Allegation proved.

Paragraph 4 of the Allegation

57. The Tribunal considered whether Dr Fayed knew that the examination as described at paragraph 2 of the Allegation had not taken place.

58. The Tribunal adopts its findings within paragraphs 2 and 3 of the Allegation. The Tribunal determined that, on the balance of probabilities, Dr Fayed knew that the examination as described at paragraph 2 of the Allegation had not taken place, when he made the record.

59. Accordingly, the Tribunal found paragraph 4 of the Allegation proved.

Paragraph 5 of the Allegation

60. The Tribunal considered whether Dr Fayed's action as described in paragraph 2 was dishonest by reason of paragraphs 3 and 4 of the Allegation.

61. The Tribunal considered its findings on paragraphs 2, 3 and 4 of the Allegation. The Tribunal found that Dr Fayed knew that he did not carry out the examination he recorded within Patient A's medical records.

62. Having considered subjectively Dr Fayed's state of mind and knowledge as to the facts, the Tribunal next considered whether objectively an ordinary decent person, would consider that Dr Fayed's action in behaving in this way, was dishonest. The Tribunal concluded that they would consider his actions dishonest.

63. The Tribunal found paragraph 5 of the Allegation proved.

Paragraph 6(a) of the Allegation

64. The Tribunal considered whether Dr Fayed, on 2 October 2018, consulted with Patient B and failed to carry out a digital rectal examination.

65. The Tribunal heard evidence from Patient B that on 2 October 2018 he had an appointment with Dr Fayed regarding problems with his bladder. He informed him of the problems he was experiencing and stated that he expected Dr Fayed to examine him but he did not. Instead, Dr Fayed prescribed him medication and told him that medication was better than having surgery. In cross-examination he was clear when he said: *'This isn't rocket science. You're not going to forget an examination like that, are you'* when asked about whether a rectal examination had taken place. He clearly stated that his first and only rectal examination had taken place in his consultation with Dr C on 3 December 2018.

66. The Tribunal considered the medical records of Patient B, and in particular, his face-to-face consultation with Dr Fayed on 2 October 2018 at the Surgery. Dr Fayed made a record in relation to the history, examination and advice. Within the history he has recorded 'frequency 3/12' which was agreed in evidence as Patient B referring to having experienced frequency of urination for the last three months. He has recorded 'D every 30 min' and 'N +2' which was agreed in evidence as referring to urinating every 30 minutes during the day and twice at night. He has also recorded 'weak flow' and 'urgency'. Within the examination fields, the following was recorded:

'*Abdomen soft. no tenderness. no masses*
P/R (patient declined a chaperone) large smooth prostate'.

'*Loins not tender*
No urine specimen.'

67. The Tribunal considered and accepted the agreed expert evidence from Dr F, which enabled it to conclude that if a digital rectal examination had not been carried out this was a culpable failure. She stated the following:

'*For a Patient presenting with lower urinary tract symptoms, such as nocturia (passing urine at night), urinary frequency, hesitancy, urgency or retention, the GP should consider a prostate-specific antigen (PSA) test and digital rectal examination.'*

'A reasonably competent General Practitioner would arrange a digital rectal examination to assess the prostate gland. If Dr Fayed failed to carry out a rectal examination, in my opinion this would fall seriously below the standard expected of a reasonably competent General Practitioner.'

68. The Tribunal noted that, at the time of the consultation, Patient B was receiving a number of different medications and had been 'self-medicating' using cannabis. It was suggested on Dr Fayed's behalf that this could have clouded Patient B's memory and he could have forgotten what took place during the consultation on 2 October 2018. The Tribunal accepted that Patient B had been on medication for a considerable amount of time. However, there was no evidence to suggest that this would affect Patient B's memory in respect of the key issues.

69. The Tribunal also noted Mr Rawlinson's submissions that Patient B missed seven ophthalmology appointments in 2017 as recorded in the records. However, Patient B did not dispute having missed appointments, although he thought it was only a couple that he had missed. The Tribunal determined that it could not conclude that just because the hospital had reported a number of missed appointments to Patient B's GP this meant that Patient B had accurately been informed of the consultation dates and times, and had subsequently forgotten to attend. The Tribunal considered the possibility that at the time he had he knowingly missed more than a couple of appointments and had subsequently forgotten when giving evidence about that during this hearing five years later. The Tribunal concluded that the number of missed appointments would be less memorable than whether he had received a rectal examination on 2 October 2018, which he asserted as early as 4 December 2018 had not happened. The Tribunal did not accept that this point submitted by Mr Rawlinson impacted Patient B's reliability as a witness on the key issues.

70. Patient B's evidence was that in 2017 or early 2018, he had an appointment with Dr Fayed with concerns about a lump on his body. He stated in oral evidence that this was a lump on his wrist. Patient B told the Tribunal that Dr Fayed did not examine the lump or touch it but rather responded to Patient B and said, '*so what, some people get cancer*'. Patient B told the Tribunal that he did not respond to Dr Fayed, looked at him in disgust and walked out. Patient B added that he mentioned this incident to the secretary as he left the Surgery to ensure he did not see Dr Fayed again. Mr Rawlinson reminded Patient B in cross examination that he had seen Dr Fayed on 17 January 2018. He questioned whether Patient B had really experienced such a comment from Dr Fayed in relation to a lump on his body, as it would be inconsistent with returning to see Dr Fayed on 17 January 2018 and he would not have been surprised to see Dr Fayed again in October 2018 as he claims.

71. The Tribunal noted that the evidence of a comment made to Patient B about a lump does not form the basis of any allegation in this case. Dr Fayed strenuously denied that he made such a comment. The Tribunal did not feel that it had sufficient evidence before it to fully determine whether such consultation took place, if so, what exactly took place, when it took place and how it fits in with the chronology of other consultations. It is not persuaded that there is sufficient evidence to enable it to conclude that Patient B has fabricated the comment about the lump consultation and is therefore prone to making things up. Neither could it conclude that Dr Fayed had made such a comment, whether in the manner or tone described by Patient B or at all. The Tribunal was not persuaded that a patient who had troubling symptoms would necessarily refuse an appointment with a doctor if they needed to see one. The Tribunal noted Patient B's response to questions in oral evidence, when he stated that he doubted he would have been able to have been seen by a different doctor that day had he refused to see Dr Fayed and that he was finding his symptoms of frequency of urination troubling and very disturbing. He stated that it could have been cancer for all he knew, and it was important for him to see a doctor.

72. The Tribunal considered Mr Rawlinson's submission about how Dr Fayed had been able to correctly record '*large smooth prostate'* within Patient B's medical records if a rectal examination had not taken place. It noted that in his oral evidence, Dr Fayed described Patient B's stated symptoms as being consistent with prostate problems or a urinary infection or both. He prescribed Tamsulosin for prostate problems and Nitrofurantoin, an antibiotic, for a urinary infection. The Tribunal heard evidence from Dr F that a smooth prostate is regular, whereas craggy/irregular prostate could indicate cancer. Identifying whether a prostate was enlarged was relevant in assessing Patient B's urinary symptoms. The Tribunal determined that given Dr Fayed's long experience as a GP, it is quite possible that Dr Fayed could have made an educated guess when he stated: '*large smooth prostate'.* It was not such an unexpected finding, that it was persuasive in determining whether an examination had taken place.

73. The Tribunal considered Dr C's evidence. She said that:

> *'On 3 December 2018, I had a consultation with Patient B who had urology symptoms. I could see from his medical record that he had had a consultation with Dr Fayed on 2 October 2018 and underwent a prostate examination. I was taking the patient's history and asked him by way of a reminder about this examination. Patient B categorically denied any knowledge of this and was surprised and angry. He said that he would have known if someone had done that to him. I again reminded him of how the prostate examination is conducted just in case he was struggling to remember it. However, this had the effect of interrupting the flow of the consultation and he became quite upset.*

74. The Tribunal also considered Dr C's email to Dr E, dated 3 December 2018, in which she stated that:

'*I just want to bring this pt to your attention – He [came to] see me today for ongoing dysuria sx and was seen by Dr Fayed. I could see in his previous consultation that a PR had been documented as 'smooth large prostate'. On checking this with the patient, [Patient B] was shocked and surprised as he was sure no examination of this description took place.*

75. The account of Dr C is confirmed by Patient B's handwritten letter to the Practice Manager. The Tribunal determined that Dr C's account and recollection were consistent, especially in relation to Patient B's reaction when she told him that Dr Fayed had recorded that he had examined him on 2 October 2018. They were consistent with Patient B's handwritten letter to the Practice Manager on 14 February 2019.

76. The Tribunal found Patient B's evidence consistent and compelling. It noted that his consultation with Dr Fayed was only three months before his consultation with Dr C, when Dr C disclosed the details of the examination recorded by Dr Fayed on 2 October 2018. The Tribunal accepted that a rectal examination would have been a memorable experience for Patient B, particularly as he said he had not had one before or since.

77. During Patient B's oral evidence, the Tribunal asked Patient B a series of questions. The following questions were put by the Tribunal to Patient B.

'*Did Dr Fayed examine you at all?*'
Patient B: '*No. There was no examination whatsoever*'

'Did he put his hand on your tummy or your back?
Patient B: '*No*'

'Did you lift or remove any clothing?'
Patient B: '*No*'

78. The Tribunal was mindful that it could make different findings in relation to the allegations in relation to Patients A and B. It noted, however, the similarities in the accounts of both Patient A and Patient B, and considered that this is important evidentially. It noted that both Patient A and Patient B had expected to be examined during their consultation with Dr Fayed. In each case their account is that Dr Fayed told them that he knew what was wrong with them without examining them. Both Patient A and Patient B's account was that they only ever had one rectal examination, which took place after their consultation with Dr Fayed, and that it did not take place in his consultation. Having ruled out any mistaken recollection of events by Patients A and B, the Tribunal weighed in the balance the likelihood of two patients making up an account, which has some key similarities, about a doctor. It concluded that it is unlikely.

79. In all of the circumstances, the Tribunal determined and found paragraph 6(a) of the Allegation proved.

Paragraph 6(c) of the Allegation

80. The Tribunal considered whether Dr Fayed, on 2 October 2018, treated Patient B and failed to arrange a urinalysis test.

81. The Tribunal noted that Dr Fayed, at the outset of the hearing, admitted paragraph 6(d) of the Allegation. Dr Fayed had admitted that on 2 October 2018 he treated Patient B and failed to obtain a mid-stream specimen of urine.

82. The Tribunal considered the expert evidence of Dr F, when she said that arranging a urinalysis test was similar to obtaining a mid-stream specimen of urine. She opined that it was acceptable for Dr Fayed to perform either of the two urine tests.

83. The Tribunal accepted the expert evidence of Dr F. Given that Dr Fayed had already admitted that he failed to obtain a mid-stream specimen of urine, it cannot be said that in not arranging a urinalysis test this is an additional failure. It noted that Ms Jones, on behalf of the GMC, did not seek to suggest that there was any evidence upon which it could find the allegation proved.

84. Accordingly, the Tribunal determined and found paragraph 6(c) of the Allegation not proved.

Paragraph 7 of the Allegation

85. The Tribunal considered whether Dr Fayed recorded in Patient B's medical records that he had examined Patient B, as set out in Schedule 2.

86. The Tribunal considered the medical records of Patient B in relation to his consultation with Dr Fayed on 2 October 2018. The Tribunal found that within the records it stated the following:

'*Abdomen soft. no tenderness. no masses*
P/R (patient declined a chaperone) large smooth prostate'.

87. In addition, the following were recorded:

'*Loins not tender*
No urine specimen'.

88. The Tribunal also noted that within Dr Fayed's evidence he accepted that he had made those entries within Patient B's medical records.

89. Therefore, the Tribunal determined and found paragraph 7 of the Allegation proved.

Paragraph 8 of the Allegation

90. The Tribunal considered whether Dr Fayed did not carry out the examination as described at paragraph 7 of the Allegation.

91. The Tribunal considered the expert evidence of Dr F when she described what a rectal examination would entail. She added that it would include the use of lubricant and gloves.

92. The Tribunal relied on its similar findings in paragraph 6(a) of the Allegation. The Tribunal noted the consistency of evidence and accounts from both Dr C and Patient B, when Dr C had first disclosed the details of Patient B's own medical records during his consultation with Dr Fayed on 2 October 2018. The Tribunal considered that Patient B was adamant that no examination took place in his consultation with Dr Fayed and that his first and only rectal examination was with Dr C.

93. The Tribunal had also put a series of questions to Patient B. The Tribunal had asked Patient B whether his clothes were lifted, whether Dr Fayed had touched his abdomen, whether Dr Fayed had put his hand on him or whether any examination had taken place during the consultation. Patient B answered '*no*' to all of the questions put by the Tribunal.

94. The Tribunal was of the view that given the intimacy of the examination, it would have not been easy for Patient B to forget. In addition, Patient B remembered his examination with Dr C, and described his first experience of a rectal examination in that consultation.

95. In all of the circumstances, on the balance of probabilities, the Tribunal determined and found paragraph 8 of the Allegation proved.

Paragraph 9 of the Allegation

96. The Tribunal considered whether Dr Fayed knew that the examination as described at paragraph 7 of the Allegation had not taken place.

97. The Tribunal adopts its findings within paragraphs 7 and 8 of the Allegation. The Tribunal determined that, on the balance of probabilities, Dr Fayed knew that the examination as described at paragraph 7 of the Allegation had not taken place, when he made the record.

98. Accordingly, the Tribunal determined and found paragraph 9 of the Allegation proved.

Paragraph 10 of the Allegation

99. The Tribunal considered whether Dr Fayed's action as described at paragraph 7 was dishonest by reason of paragraphs 8 and 9 of the Allegation.

100. The Tribunal considered its findings on paragraphs 7, 8 and 9 of the Allegation. The Tribunal found that Dr Fayed knew that he did not carry out the examination he recorded within Patient B's medical records.

101. Having considered subjectively Dr Fayed's state of mind and knowledge as to the facts, the Tribunal next considered whether objectively an ordinary decent person, would consider that Dr Fayed's action in behaving in this way, was dishonest. The Tribunal concluded that they would consider his actions dishonest.

102. The Tribunal found paragraph 10 of the Allegation proved.

The Tribunal's Overall Determination on the Facts

103. The Tribunal has determined the facts as follows:

That being registered under the Medical Act 1983 (as amended):

Patient A

1. On 4 October 2017 you treated Patient A and you failed to carry out a digital rectal examination.
Determined and found proved

2. You recorded in Patient A's medical records that you had examined Patient A, as set out in Schedule 1.
Determined and found proved

3. You did not carry out the examination as described at paragraph 2.
Determined and found proved

4. You knew that the examination as described at paragraph 2 had not taken place.
Determined and found proved

5. Your action described at paragraph 2 was dishonest by reason of paragraphs 3 and 4.
Determined and found proved

Patient B

6. On 2 October 2018 you treated Patient B and you failed to:

   a. carry out a digital rectal examination;
   Determined and found proved

b. arrange a prostate-specific antigen ('PSA') blood test;
Admitted and found proved

c. arrange a urinalysis test;
Determined and found not proved

d. obtain a mid-stream specimen of urine.
Admitted and found proved

7. You recorded in Patient B's medical records that you had examined Patient B, as set out in Schedule 2.
Determined and found proved

8. You did not carry out the examination as described at paragraph 7.
Determined and found proved

9. You knew that the examination as described at paragraph 7 had not taken place.
Determined and found proved

10. Your action described at paragraph 7 was dishonest by reason of paragraphs 8 and 9.
Determined and found proved

Determination on Impairment - 17/11/2022

104. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Fayed's fitness to practise is impaired by reason of misconduct.

The Evidence

105. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary.

106. It also had regard to the wider documentation within the hearing bundle including Dr Fayed's appraisal documentation and CPD learning and reflections.

Submissions

<u>On behalf of the GMC</u>

107. Ms Jones, Counsel, submitted that Dr Fayed's fitness to practise is impaired by reason of his misconduct. Ms Jones referred the Tribunal to the relevant case law. She also

referred the Tribunal to a number of paragraphs of Good Medical Practice (2013 edition) (GMP), that she said were relevant.

108. Ms Jones referred the Tribunal to its findings of facts and reminded the panel that it has found that Dr Fayed did not carry out the relevant examinations that he had recorded in relation to Patient A and Patient B, and in relation to that he was found to have acted dishonestly. Ms Jones submitted that bearing in mind the facts found proved in this case and the multiple breaches of GMP, it would be difficult to see how this could be anything other than serious misconduct.

109. Ms Jones submitted that Dr Fayed had denied the allegation in this case, which he is entitled to do. However, she submitted that as a consequence of this, there is no evidence of insight or remediation in this case. She added that there is also no evidence of any self-reflection. Ms Jones submitted that, given the facts found proved by the Tribunal in this case, it would undermine public confidence and the need to uphold professional standards if a finding of impairment is not made. She added that there is a clear necessity for a finding of impairment in this case and submitted that all four limbs of the test set out in *CHRE v NMC & Paula Grant [2011] EWHC 927 (Admin)* are engaged.

On behalf of Dr Fayed

110. Mr Rawlinson, Counsel, submitted that Dr Fayed accepts that on the basis of the Tribunal's findings on facts, his actions would amount to serious misconduct. Mr Rawlinson also submitted that Dr Fayed concedes that a finding of impairment of fitness to practise is necessary, principally by reason of the finding of dishonesty and in order to uphold public confidence in the profession.

The Relevant Legal Principles

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

112. In approaching its decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct which is serious and then whether the finding of misconduct could lead to a finding of impairment.

The Tribunal's Determination on Impairment

Misconduct

113. In determining whether Dr Fayed's fitness to practise is currently impaired, the Tribunal first considered whether the facts found proved amounted to misconduct.

114.The Tribunal accepted the advice of the Legally Qualified Chair that:

a. Misconduct is a falling short of the standards of conduct and behaviour expected;
b. The Tribunal needs to consider whether any such falling short is serious enough to justify a finding of misconduct;
c. Misconduct has been described in various cases as:

i. *Doughty v GDC (1988) AC 164*
conduct that has *"fallen short, by omission or commission, of the standards of conduct expected among dentists, and that such falling short as is established should be serious."*

ii. *Roylance v GMC (2000) (No 2) [2000]1 AC 311*
"a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances."

iii. *Nandi v GMC (2004) EWHC 2317*
"conduct which would be regarded as deplorable by fellow practitioners."

115.The Tribunal considered the expert evidence of Dr F in relation to Patient B. She stated the following:

'I would not expect this PSA test to have been done on the day of the consultation as the GP documented a rectal examination and digital rectal examinations can affect the accuracy of PSA test results. However, I would have considered it as reasonable practice for Dr Fayed to have arranged for [Patient B] to return for a blood test at a later date. There is no record of this in the notes and as such I consider this to be below the standard expected of a reasonably competent General Practitioner'

'… I would have considered it as reasonable practice for the [sic] *Dr Fayed to have arranged for [Patient B] to have a urinalysis test done, this could have been at a later date if [Patient B] were unable to produce a specimen. There is no record of this in the notes and as such I consider this to be below the standard expected of a reasonably competent General Practitioner'*

116.The Tribunal accepted Dr F's expert evidence in relation to paragraphs 6(b) and 6(d) of the Allegation, which were admitted and found proved. The Tribunal determined that the failings set out in 6(b) and 6(d) were below, but not seriously below, the standard expected of a reasonably competent GP. Therefore, the Tribunal found that these paragraphs of the Allegation do not meet the threshold for serious misconduct.

117.The Tribunal then considered the remaining paragraphs of the Allegation that it has found proved in this case. The Tribunal noted that Dr Fayed, on separate occasions, had

treated Patient A and Patient B and failed to carry out a digital rectal examination. The Tribunal also noted that Dr Fayed had acted dishonestly on two separate occasions:

a. First, Dr Fayed had acted dishonestly when he recorded in Patient A's medical records that he had examined him. The Tribunal found that Dr Fayed did not carry out such an examination and that Dr Fayed knew that the examination he recorded did not take place.
b. Secondly, Dr Fayed had acted dishonestly when he recorded in Patient B's medical records that he had examined him. The Tribunal found that Dr Fayed did not carry out such an examination and that Dr Fayed knew that the examination he recorded did not take place.

118. The Tribunal considered that the following paragraphs of GMP are engaged in this case.

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

15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:

a *adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient*

b *promptly provide or arrange suitable advice, investigations or treatment where necessary*

19 Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.

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

71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

119. The Tribunal again considered and accepted the agreed expert evidence of Dr F. She stated the following:

a. that in relation to both Patient A and Patient B:

'Dr Fayed failed to carry out a clinically indicated assessment and examination and as such this care falls seriously below the standard expected of a reasonably competent General Practitioner.'

b. *'…[Dr Fayed] failed to carry out a clinically indicated rectal examination in [Patients A and B] and as a result of this failed to attain enough clinical information as to make an informed assessment and appropriate clinical management plan.'*

c. '*Additionally, for [Patients A and B], the alleged false examination documentation would also fall seriously below the standard as the reassuring examinations documented by Dr Fayed would not alert subsequent consulting GPs to review the diagnosis Dr Fayed made and would also falsely reassure subsequent Practitioners that the symptoms described for [Patients A and B] needed no further investigations. As the symptoms described in [Patients A and B] could suggest seriously underlying pathology; false examination documentation could put the [Patients A and B] at direct risk of misdiagnosis of conditions that may need urgent referral.'*

d. *'In particular for [Patient B] this would be concerning as based on [his] symptoms and age, [Patient B] should have a rectal examination to rule out a clinically palpable prostate cancer.'*

120. Given the Tribunal's findings on facts, the expert evidence of Dr F and the requirements of GMP, the Tribunal determined that fellow members of the profession and members of the public would regard Dr Fayed's misconduct as particularly serious. Therefore, the Tribunal found that Dr Fayed's actions fell far below the standards expected of a registered doctor and found that this amounted to misconduct, which was serious.

Impairment

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

122. In determining whether a finding of current impairment of fitness to practise is necessary, the Tribunal looked for evidence of reflection, insight and remediation which are all relevant to the likelihood of repetition. The Tribunal accepted the advice of the Legally Qualified Chair that:

a. It is current impairment that is relevant, however an assessment of current impairment involves consideration of both the past and the future;
b. There is no burden or standard of proof when it comes to the issue of impairment. It is a matter of judgment for the Tribunal;
c. The Tribunal should have regard to the three strands of the overarching statutory objective:

i. protecting, promoting and maintaining the health, safety and well-being of the public;
ii. promoting and maintaining public confidence in doctors; and
iii. declaring and upholding professional standards and conduct for doctors.

123. The Tribunal had regard to paragraph 76 of the judgment in the case of *CHRE v NMC & Paula Grant [2011] EWHC 927 (Admin)*, in which Mrs Justice Cox set out the helpful and comprehensive approach of Dame Janet Smith in her 5th Shipman Report to determining issues of impairment:

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

a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or

c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or…

d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

124. In the present case, the Tribunal concluded that Dr Fayed has, by his actions:

a. put patients at unwarranted risk of harm as, whilst there is no evidence of actual patient harm:

   i. examinations that were clinically indicated were not carried out which potentially meant that a diagnosis would be missed which required urgent referral; and
   ii. his false record keeping could have given false reassurance to other medical professionals;

b. brought the profession into disrepute. Members of the public and members of the medical profession would be alarmed to hear of his actions;

c. breached a number of fundamental tenets of the profession, not least:

   i. the need to examine a patient where it is necessary;
   ii. the need to keep records which are not misleading; and
   iii. to act with honesty and integrity at all times.

d. acted dishonestly.

125. In relation to insight and remediation, the Tribunal noted that four years had elapsed since the events set out in the Allegation and there is no evidence to suggest that there has been further repetition of this behaviour by Dr Fayed. Dr Fayed had denied the majority of the allegations, which he is entitled to do, as it is for the GMC to prove its case. However, given the absence of any evidence in relation to reflection on his behaviour, insight into why he may have acted in this way and steps taken to ensure that there is remediation to prevent recurrence, the Tribunal determined that there remains a risk that Dr Fayed is liable, in the future, to:

a. put patients at unwarranted risk of harm;
b. bring the profession into disrepute;
c. breach a fundamental tenet of the profession;
d. act dishonestly.

126. The Tribunal determined that the public expects to be able to trust doctors. The public expects doctors to act with integrity and not to act against a patient's best interests. They expect doctors to adhere to the principles set out in GMP. Where doctors fail to do so in a significant way, public trust in the profession is undermined and a finding of impairment of fitness to practise is required.

127. Therefore, the Tribunal determined that Dr Fayed's fitness to practise is currently impaired by reason of misconduct, and that such a finding is required in order to:

a. protect, promote and maintain the health, safety and well-being of the public;

b. promote and maintain public confidence in the medical profession; and

c. promote and maintain proper professional standards and conduct for members of the profession.

Determination on Sanction - 21/11/2022

128. Having determined that Dr Fayed's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

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

Submissions

On behalf of the GMC

130. Ms Jones, Counsel for the GMC, submitted that the appropriate sanction in this case is a period of suspension. Ms Jones referred the Tribunal to the relevant paragraphs of the Sanctions Guidance (November 2020 edition) ('the SG').

131. Ms Jones submitted that there are two relevant mitigating factors in this case. First, Ms Jones referred the Tribunal to the lapse of time and that there had been no repetition of similar behaviour after October 2018. Secondly, she referred the Tribunal to the testimonials provided by Dr Fayed's colleagues, although she observed that both of those colleagues had worked with Dr Fayed only very recently, and for a relatively short amount of time given Dr Fayed's lengthy career.

132. Ms Jones referred the Tribunal to the aggravating factors in this case. She submitted that whilst she accepts that Dr Fayed was fully entitled to deny the Allegation, there had been no evidence of insight or remediation by Dr Fayed into his dishonesty.

133. Ms Jones submitted that taking no action would be wholly inappropriate in this case given the serious nature of the Tribunal's findings. She also submitted that conditions would be inappropriate, and that it would be difficult to formulate appropriate and workable conditions in this case. Ms Jones submitted, therefore, that the appropriate and proportionate sanction in this case is a period of suspension. She submitted that Dr Fayed had brought the profession into disrepute, had breached a number of paragraphs in GMP and had acted dishonestly. However, Ms Jones said that whilst the findings are serious, they are not serious enough to cross the erasure threshold. She added that a complete removal from the medical register would not be in the public interest. She drew the Tribunal's attention to paragraph 128 of the SG in respect of erasure, explaining that the GMC was not arguing that Dr Fayed's dishonesty was persistent and/or covered up.

On behalf of Dr Fayed

134. Mr Rawlinson, Counsel, submitted that Dr Fayed agreed with the majority of the GMC's submissions and that a period of suspension would be the appropriate sanction in this case. Mr Rawlinson referred the Tribunal to the relevant case law. Mr Rawlinson also referred the Tribunal to the relevant paragraphs of the SG. Mr Rawlinson submitted that this case was about Dr Fayed's 'lazy', 'lamentable' and 'complacent' treatment of Patient A and Patient B and his subsequent actions.

135. Mr Rawlinson submitted that, Dr Fayed, on two occasions tried to hide his lazy conduct by producing a record that was not accurate. Mr Rawlinson added that, in fact, the gain for Dr Fayed acting in this manner was limited and that this was not a case of dishonesty which involved theft or financial gain. He also submitted that there had been no actual

harm caused to either Patient A or Patient B. Mr Rawlinson referred the Tribunal to Dr Fayed's established track record of acting with honesty and stated that he had acted out of character on just two occasions. Mr Rawlinson submitted that the primary allegation against Dr Fayed was his failure to conduct the required examinations, and that his dishonesty in making inaccurate records was the secondary allegation, to hide the fact that he had made an educated guess as to the diagnoses and treatment of Patient A and Patient B. He argued that this was a different type of dishonesty from, for example, taking money from the Practice.

136. Mr Rawlinson also submitted that this is not a case of dishonesty being persistent or covered up. He stated that although this was not a case of one isolated incident of dishonesty, it was not a case of persistent dishonesty either; instead, Dr Fayed's dishonest conduct in relation to two patients fell somewhere between the two. Mr Rawlinson said that Dr Fayed did not try to cover up his dishonest conduct, but rather tried to cover up having conducted a poor examination.

137. Mr Rawlinson addressed the issue of an apparent lack of insight and remediation on behalf of Dr Fayed. He said that Dr Fayed's defence was that he could not remember the consultations and he therefore relied on his notes and usual practice. Mr Rawlinson submitted that the lack of insight and remediation at this stage was inevitable given that Dr Fayed had just "lost" in his defence of the case. He submitted that a doctor who denies allegations is more likely to remediate over time, than immediately. He encouraged the Tribunal not to equate a maintenance of innocence with a lack of insight.

138. Mr Rawlinson referred the Tribunal to two mitigating factors in this case. He submitted that there had been a significant lapse of time since the incidence occurred and that Dr Fayed is currently working and had been in practice since with no repetition of similar behaviour. Mr Rawlinson also referred the Tribunal to some personal circumstances that Dr Fayed was under during the time of the events, and an exceptionally difficult working environment.

139. Mr Rawlinson submitted that the Tribunal found that Dr Fayed had made an educated guess in his treatment of both Patient A and Patient B. He submitted that Dr Fayed was not a doctor who did nothing, but rather he had not done enough during the consultations with both patients. Mr Rawlinson said that, luckily, there was no harm to either patient, and that Dr Fayed had prescribed the correct treatment for both patients.

140. Mr Rawlinson submitted that given Dr Fayed's current age and stage of his career, erasure would effectively end his career forever. Mr Rawlinson suggested that a sanction of erasure should be reserved for a more serious breach of GMP.

141. Mr Rawlinson submitted that both he, on behalf of Dr Fayed and Ms Jones, on behalf of the GMC had made similar submissions. He said that there was a proper legally sound route available to the Tribunal of a sanction of suspension, which upholds the

overarching objective. He submitted that the appropriate and proportionate sanction in this case would be a lengthy period of suspension. He said that even a suspension of twelve months would not end Dr Fayed's career and would allow him the opportunity to develop insight, remediate and keep his medical skills up to date, should he choose to do so.

Tribunal's Approach to Sanction

142. The Tribunal bore in mind that the decision as to the appropriate sanction, if any, to impose in this case is a matter for the Tribunal exercising its own judgement.

143. In reaching its decision, the Tribunal has taken into account the SG. It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.

144. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Fayed's interests with the public interest. It has also taken into account the statutory overarching objective.

145. The Tribunal has already given a detailed determination on facts and impairment and has taken those matters into account during its deliberations on sanction.

Aggravating and Mitigating Factors

146. Before deciding what action, if any, to take in respect of Dr Fayed's registration, the Tribunal considered the aggravating and mitigating factors present in his case.

147. The Tribunal first considered whether there were aggravating factors in this case. The Tribunal noted that Dr Fayed had acted dishonestly on two separate occasions, during his consultations with Patient A and Patient B. The Tribunal also considered its previous findings in relation to Dr Fayed's lack of insight and remediation. However, in the circumstances of this case, where Dr Fayed has denied the Allegation, the Tribunal did not consider Dr Fayed's lack of demonstration of insight and remediation to be aggravating factors, as he was entitled to deny the Allegation. Therefore, the Tribunal determined that given the specific circumstances of this case, it could not identify any aggravating factors.

148. The Tribunal then considered whether there were mitigating factors in this case. The Tribunal had heard submissions from Mr Rawlinson providing further information about Dr Fayed's personal circumstances and working environment, rather than receiving any evidence to enable it to properly conclude that these were mitigating factors. The Tribunal determined, therefore, that there was only one mitigating factor, which is the significant lapse of time since the date when Dr Fayed's last dishonest action took place. In the past four years there has been no evidence of repetition of misconduct.

The Tribunal's Determination on Sanction

149. Having considered possible aggravating and mitigating factors, the Tribunal reminded itself that it must consider each of the sanctions available, starting with the least restrictive, taking account of the current SG.

No Action

150. In coming to its decision as to the appropriate sanction, the Tribunal first considered whether to conclude the case by taking no action. The Tribunal reminded itself that there should be exceptional circumstances to justify taking no action where a finding of impairment has been made.

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

Conditions

152. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Fayed's registration. The Tribunal had regard to the various paragraphs of the SG, which indicate the types of cases in which conditions might be appropriate. The Tribunal took into account that any order of conditions would need to be appropriate, proportionate, workable and measurable.

153. Given the nature of Dr Fayed's misconduct, which involves dishonesty, the Tribunal could not formulate any appropriate conditions which would be workable. It also did not consider that conditions would sufficiently mark the gravity of the misconduct and noted that neither party sought to suggest that conditions should be imposed. The Tribunal therefore determined that an order of conditions would not be appropriate or proportionate, nor would it be in the public interest.

Suspension

154. The Tribunal then went on to consider whether imposing a period of suspension on Dr Fayed's registration would be appropriate and proportionate. In doing so, the Tribunal had regard in particular to the following paragraphs of the SG:

> ***92*** *Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal*

considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).

97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.

a A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.

…

e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.

f No evidence of repetition of similar behaviour since incident.

155. In considering what sanction to apply, the Tribunal considered that its decision was finely balanced between erasure and suspension. It noted paragraphs 108 and 109 of the SG which states:

108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.

109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.

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

…

d *Abuse of position/trust (see Good medical practice, paragraph 65: 'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession').*

…

h *Dishonesty, especially where persistent and/or covered up …*

156. Having considered the Sanctions Guidance with care, the Tribunal considered the crucial question of whether Dr Fayed's actions were fundamentally incompatible with continued registration. The Tribunal also considered the purpose of the imposition of a sanction, namely to protect the public, to maintain public confidence in the medical profession and to uphold proper professional standards. The Tribunal gave consideration as to whether it was in the public interest to erase Dr Fayed from the medical register, as opposed to imposing a lengthy suspension which would afford him the opportunity to demonstrate insight and remediation.

157. Having considered all of the factors in the case, the Tribunal found that Dr Fayed's actions are not fundamentally incompatible with continued registration, for the following reasons:

a. Dr Fayed's dishonest conduct was not persistent. Although it occurred twice, it has not continued over a long period of time;
b. Dr Fayed's dishonest conduct was not covered up. The Tribunal determined that Dr Fayed's actions were an attempt to cover up his lack of clinical care. The dishonesty itself was not covered up;
c. Dr Fayed's dishonest conduct did not involve any financial gain;
d. Dr Fayed's dishonest conduct put the patients at a risk of harm. However, his actions did not cause any actual harm to them;
e. Dr Fayed's motivation for his dishonesty is said by Mr Rawlinson to have been laziness and complacency, and the Tribunal accepts this is the most likely explanation, rather than an attitudinal lack of concern for patients;
f. The Tribunal noted that Dr Fayed has not demonstrated insight into the reasons for his misconduct. However, the Tribunal considered that Dr Fayed has fully engaged and cooperated with the hearing throughout and has not sought to suggest that the allegations or the Tribunal's findings are not serious. In fact, Dr Fayed conceded misconduct and accepted that a finding of impairment of fitness to practise was inevitable, in order to uphold public confidence in the profession. The Tribunal was satisfied that Dr Fayed has some insight into the seriousness of his actions. He is therefore capable of developing insight into the reasons for those actions and how to remediate in order to ensure that he does not repeat the same behaviour in the future.

158. The Tribunal was satisfied that, following lengthy and robust fitness to practise proceedings, a period of suspension would be sufficient to mark the seriousness of Dr

Fayed's misconduct and send a signal to the doctor, the profession and the public about the standards of conduct expected and how those standards will be upheld. It determined that a period of suspension would maintain public confidence in the profession, as the public would understand that he is prevented from working as a doctor for a period of time. It would protect patients as Dr Fayed would be prevented from practising. All three strands of the overarching objective can be addressed by a period of suspension.

159. Turning to the duration of the suspension, the Tribunal considered that the maximum period of suspension would be the appropriate sanction to reflect the seriousness of Dr Fayed's dishonest conduct. The Tribunal considered that a shorter period of suspension would not give Dr Fayed, who will have the persuasive burden of demonstrating his fitness to practise at a review hearing, sufficient time to remediate, given his current level of insight. The Tribunal considered that such period would enable Dr Fayed the opportunity to develop insight and demonstrate remediation in relation to his dishonest actions. It does not mean the likely end to his medical career, if he chooses to try to remediate. A lengthy period of suspension is also required in order to maintain confidence in the profession, and to declare and uphold proper professional standards. The Tribunal determined that a twelve month period of suspension was the appropriate and proportionate sanction in this case. The maximum period of suspension of twelve months is required to:

a. protect, promote and maintain the health, safety and well-being of the public by restricting his practice whilst he lacks insight into his conduct and there remains a risk of repetition;

b. promote and maintain public confidence in the medical profession in that the public will be reassured that he has been restricted from practice for a significant period of time, during which he can develop the insight to prevent a repetition of his misconduct; and

c. promote and maintain proper professional standards and conduct for members of the profession, in that Dr Fayed will be prevented from practising to reflect his serious breaches of GMP, which will have a deterrent effect on him and other members of the profession.

160. Each of the three strands of the overarching objective can be met by a period of suspension for twelve months. The Tribunal considered that this is the proportionate and appropriate sanction to impose and erasure from the medical register is not necessary.

Review Directed

161. The Tribunal determined to direct a review of Dr Fayed's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Fayed to demonstrate how he

has remediated and developed insight into his dishonest actions. It therefore may assist the reviewing Tribunal if Dr Fayed provides the following:

a. A detailed reflective statement which :
    i. Addresses the Tribunal's findings;
    ii. Demonstrates an appreciation of the gravity of his actions and inactions and:
        - the consequences for patient safety;
        - how they fell short of the standards expected;
        - the impact on public confidence; and
        - the impact on the reputation of the profession;
    iii. Reasons why he acted in the manner he did and any personal or environmental factors that may have affected his decision making;
    iv. The actions he has taken to assist his remediation and address the risk of repetition;
b. Evidence of Continuing Professional Development, which shows how Dr Fayed has maintained his skills and kept his clinical knowledge up to date; and
c. Any other information which Dr Fayed considers would assist the reviewing Tribunal.

Determination on Immediate Order - 21/11/2022

162. Having determined to suspend Dr Fayed's registration, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Fayed's registration should be subject to an immediate order.

Submissions

163. On behalf of the GMC, Ms Jones, Counsel, submitted that an immediate order is not necessary in this case. She submitted that, whilst the matters found proved did potentially pose a risk to patient safety, as of today, Dr Fayed is not subject to an Interim Order, and he has been practising without any apparent incidents since the events in question. Ms Jones referred the Tribunal to the references from Dr Fayed's colleagues and submitted that these demonstrate no clinical concerns in relation to his practice. She acknowledged the Tribunal's findings and concerns, however, submitted that the threshold for an immediate order is not met in this case.

164. On behalf of Dr Fayed, Mr Rawlinson, Counsel, submitted that he echoes the GMC submissions in that he submits that an immediate order is not necessary in this case. He submitted that Dr Fayed had been practising since the events in question and there had been no repetition. Mr Rawlinson said that what has now changed is the Tribunal's finding of dishonesty. However, he submitted that this does not translate as Dr Fayed posing a risk to patient safety. He referred the Tribunal to the NHS England conditions

that Dr Fayed currently has and the circumstances of those conditions, which have been relaxed over time but which previously required supervision and monthly reports. Mr Rawlinson also submitted that delaying the commencement of the suspension for a 28-day period would allow Dr Fayed to make necessary arrangements in terms of patient handover. He also referred the Tribunal to Dr Fayed's XXX and submitted that if no immediate order is made this would allow Dr Fayed to continue to XXX as long as he can. Mr Rawlinson said that Dr Fayed will not appeal the Tribunal's decision. However, he said that this is only a submission, and it does not bind Dr Fayed if he chose to appeal in the future.

The Tribunal's Determination

165. The Tribunal had regard to paragraph 172, 173, 174, 175 and 178 of the SG which state:

> *172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.*
>
> *173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.*
>
> *174 Doctors and their representatives sometimes argue that no immediate order should be made as the doctor needs time to make arrangements for the care of their patients before the substantive order for suspension or erasure takes effect.*
>
> *175 In considering this argument, the tribunal will need to bear in mind that any doctor whose case is considered by a medical practitioners tribunal will have been aware of the date of the hearing for some time and consequently of the risk of an order being imposed. The doctor will therefore have had time to make arrangements for the care of patients before the hearing, should the need arise.*
>
> *178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.*

166. The Tribunal considered the seriousness of its findings. In particular, the Tribunal has made findings in relation to two incidents of dishonesty and determined that a maximum period of suspension is appropriate to reflect the seriousness of Dr Fayed's dishonest conduct and to:

a. protect, promote and maintain the health, safety and well-being of the public by restricting his practice whilst he lacks insight into his conduct and there remains a risk of repetition;

b. promote and maintain public confidence in the medical profession in that the public will be reassured that he has been restricted from practice for a significant period of time, during which he can develop the insight to prevent a repetition of his misconduct; and

c. promote and maintain proper professional standards and conduct for members of the profession, in that Dr Fayed will be prevented from practising to reflect his serious breaches of GMP, which will have a deterrent effect on him and other members of the profession.

167. The Tribunal addressed the submissions made by both Counsel. In relation to Ms Jones' submissions, the Tribunal noted that Dr Fayed is currently not under an Interim Order, and the GMC had focussed its submissions on the absence of repetition and that Dr Fayed does not pose a risk to patient safety. However, the Tribunal noted that over the four years since the incidents, Dr Fayed has not worked continuously and has had significant gaps in his employment, noted during his appraisals. The Tribunal also noted that Dr Fayed is still working under some NHS England conditions. The Tribunal has in any event already made a finding that there remains a risk of repetition of the misconduct, which led to this hearing. In relation to Mr Rawlinson's submissions, the Tribunal noted Dr Fayed should have made appropriate clinical arrangements in advance of the hearing. It noted that Dr Fayed is not working in a substantive post, rather as a locum through an agency. The Tribunal also considered the XXX impact an immediate order could have on Dr Fayed, although noted that if he does not intend to appeal as indicated, he would only be able to work for an additional 28 days if an immediate order is not made. It determined that the protection of the public and the public interest in this case outweigh Dr Fayed's personal interests.

168. The Tribunal felt that insufficient attention had been given by both Counsel to the second and third limbs of the overarching objective, and the message it would send out to the public and profession of not imposing an immediate order in the light of its comments at paragraph 5 above. It determined that it was necessary to impose an immediate order of suspension on Dr Fayed's registration. It found that this was necessary in order to protect members 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 medical profession.

169. This means that Dr Fayed's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

170. There is no interim order to revoke.

171. That concludes the case.

Schedule 1

04-Oct-2017 11:44	Face to face consultation (Lockstown Practice (FISHER STREET)) FAYED, G E (Dr)
History	fresh blood p / r on toilet paper 3 / 7 b.o.r. no wt loss
Examination	pt declined chaperone well abdomen soft. no tenderness. no masses pile at 7 oclock
Comment	advice re. fluids & fibre r / v p.r.n.
Problem	**Piles - haemorrhoids** *(First)*
Medication	Cinchocaine 0.5% / Hydrocortisone 0.5% ointment Apply Each Morning And Night And After A Bowel Movement 30 gram

Schedule 2

02-Oct-2018 11:19	Face to face consultation (Lockstown Practice (FISHER STREET)) FAYED, G E (Dr)
History	Frequency 3 / 12 D every 30 min N +2 Weak flow urgency
Examination	Abdomen soft. no tenderness. no masses P / R (patient declined a chaperone) large smooth prostate
Comment	B.H..P.
Medication	Nitrofurantoin 100mg modified-release capsules One To Be Taken Twice A Day 14 capsule Tamsulosin 400microgram modified-release tablets One To Be Taken Each Day 60 tablet
History	dysuria 3 / 7 ++
Examination	Loins not tender No urine specimen
Comment	U.T.I. r / v p.r.n.