

PUBLIC RECORD

Dates: 11/09/2024; 21/11/2024

Medical Practitioner's name: Mr Ibrahim JALLOH
GMC reference number: 3684922
Primary medical qualification: MD 1980 University of Liberia

Type of case	Outcome on facts	Outcome on impairment
Review - Deficient professional performance	Facts relevant to impairment found proved	Impaired

Summary of outcome

Suspension, 8 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Ms Christina Moller
Lay Tribunal Member:	Ms Liz Daughters
Medical Tribunal Member:	Professor William Roche
Tribunal Clerk:	Mr Joel Taylor-Garratt

Attendance and Representation:

Medical Practitioner:	Present, not represented
GMC Representative:	Ms Safeena Rashid, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Impairment - 11/09/2024

1. At this review hearing the Tribunal now has to decide, in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), whether Dr Jalloh's fitness to practise is impaired by reason of deficient professional performance.

The Outcome of Applications Made during the Impairment Stage

2. The Tribunal granted Dr Jalloh's application, made pursuant to Rule 34(1) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that testimonial evidence be produced for the Tribunal.

Background

3. Dr Jalloh qualified in 1980 from the University of Liberia and was awarded full registration with the GMC in 1994.
4. The facts found proved at Dr Jalloh's hearing, which took place in August 2023 ('the 2023 Hearing'), can be summarised as concerns relating to deficient professional performance, which arose from Dr Jalloh being removed from the Performer's list at Southampton City NHS Primary Care Trust on 29 March 2006, where he was employed at the time. Dr Jalloh was judged fit to practise with restrictions and agreed a schedule of undertakings. In February 2010, the GMC invited Dr Jalloh to undertake a reassessment of his professional performance, which was completed in June and July 2010. Dr Jalloh failed this Performance Assessment, which then formed the basis of the Allegation at the 2023 Hearing.
5. Dr Jalloh's performance was found to be unacceptable in the areas of Assessment, Treatment and Record Keeping. Additionally, his performance was found to be a cause for concern in the areas of Investigations, Laws and Regulations, Communication and

Relationship (colleagues). The 2023 Tribunal determined that Dr Jalloh’s fitness to practise was impaired by reason of his deficient performance and suspended his registration for a period of 12 months.

6. The 2023 Hearing found that Dr Jalloh had shown no meaningful insight into his deficient professional performance, having shown a persistent lack of reflection and acceptance of assessments in letters from 2013, 2014, 2022 and in his statement for the 2023 Hearing. The 2023 Hearing found that Dr Jalloh had put patients at risk of harm and had potentially harmed public confidence in the profession. It also found that Dr Jalloh had failed to remediate his deficient professional performance and was at risk of putting patients at unwarranted risk of harm in the future.
7. At the 2023 Hearing, the Tribunal was aware that doctors can and do make mistakes. However, it considered that the public would expect those doctors to accept evidence of their failings and to work towards improving their practice. The Tribunal determined that while, at the point of assessment in 2010, the concerns were remediable, Dr Jalloh’s refusal to accept the findings and carry out proper remediation or develop insight meant that there was a public interest in making a finding of impairment to uphold public confidence in the profession and to promote and maintain proper professional standards.
8. The 2023 Hearing determined that a period of suspension was necessary because it did not consider an order of conditions would be workable. It found that Dr Jalloh lacked insight, had not remediated and had not acknowledged fault. The Tribunal considered that a period of suspension would send a message to Dr Jalloh and the profession about the standards of performance expected of a registered doctor. The Tribunal considered that 12 months suspension was necessary to indicate the seriousness of the case and to provide Dr Jalloh with time to remediate and develop his insight.
9. The 2023 Hearing considered that a Review Tribunal would be assisted by Dr Jalloh providing an up to date reflective statement, evidence of keeping skills and knowledge up to date, testimonials and evidence of targeted remediation and training.
10. This is the first review of that decision.

The Evidence

11. The Tribunal has taken account of all evidence received, both oral and documentary.

12. Dr Jalloh provided a witness statement dated 11 July 2024 and also gave oral evidence at the hearing. In his evidence, Dr Jalloh gave his account of the history of his case. He said that he now accepted the finding of the 2023 Tribunal that he lacked insight and said that he now understands that he should have accepted the findings of the performance assessors. He said that he did not accept these findings at the time because he was emotional and not thinking clearly. Dr Jalloh said that, from a knowledge perspective, his fitness to practise was not deficient as he had maintained his knowledge by working through the BMJ syllabus. However, Dr Jalloh said that he had not been able to engage with any practical activities to maintain his skills, because he was suspended and so unable to see patients. In response to questions, he maintained that external factors had affected his performance in both the GMC and Deanery assessments.
13. Dr Jalloh said that he has reviewed *Good Medical Practice* (GMP) and now understood the need to keep a patient-centred approach during consultations, and involve them in discussions about various treatment options. He said that, now he is aware of this need, he would ensure he conducted examinations in this way, even if there were time constraints.
14. Dr Jalloh said that the record-keeping concerns arose because of a few occasions of paper notes going missing, which occurred because he found it difficult to type notes during a brief consultation. Dr Jalloh said that he had improved his typing skills and would now avoid making paper notes.
15. Dr Jalloh told the Tribunal that he did not want to retrain as a GP and wanted to go into surgery. He said that he had been in touch with the Royal College of Physicians and Surgeons in Scotland about this but had to wait for the outcome of this hearing. Dr Jalloh told the Tribunal that he would be a fool to find himself in the same situation again and that he did not think that would happen.
16. The Tribunal considered the Record of Determination from the 2023 Hearing, Dr Jalloh's evidence of record keeping and keeping his skills and knowledge up to date and correspondence between Dr Jalloh and the GMC. The Tribunal also received a testimonial on behalf of Dr Jalloh.

Submissions

17. On behalf of the GMC, Ms Rashid submitted that Dr Jalloh's fitness to practise remained impaired. She submitted that the matters had been on-going for about 18 years, which was ample time for Dr Jalloh to have remediated his deficiencies. She also submitted that

the testimonial provided by Dr Jalloh was of no value to the Tribunal as it was written by someone not residing in the UK and who was not a medical doctor.

18. Ms Rashid acknowledged that Dr Jalloh had made some effort to maintain his knowledge and provided some reflections. However, Ms Rashid submitted that the evidence produced by Dr Jalloh was all paper-based and he had not undertaken any practical steps to maintain his skills or knowledge. She submitted that Dr Jalloh's explanation for this, that he was suspended and therefore unable to see patients, was not credible as he could engage in clinical shadowing or other activities that do not involve treating patients.
19. Ms Rashid submitted that Dr Jalloh could look into options for how he could maintain his skills and knowledge but that he appeared to have refused to take a step down to retrain and lacked an understanding of why he may need to do so. Ms Rashid also submitted that Dr Jalloh's insight was limited to brief reflections and '*buzzwords*' but with no understanding of why his performance was deficient. She reminded the Tribunal that Dr Jalloh had said that doctors should not have their treatment judged by those who were not present at the time as they will not understand the doctor's reasons. Ms Rashid submitted that if good records were kept, the reasons for a given treatment would be obvious.
20. Ms Rashid submitted that Dr Jalloh's fitness to practise remained impaired because, if he were to return to unrestricted practice, there was a real risk of him putting patients at unwarranted risk of harm. She submitted that it would also affect public confidence in the profession and that there was a clear need to maintain proper professional standards.
21. Dr Jalloh submitted that there was no indication that a testimonial should be from a doctor or that they must reside in the UK. He implied that the Tribunal should take account of Dr A's testimonial.
22. He submitted that it was not possible for him to have practical experience while he was suspended, he could not afford to embark on training courses and so he did the same as he was asked in preparation for the 2023 Hearing. He submitted that he had accepted that he was wrong to reject the findings of the performance assessors and that he had developed insight. He said that he agreed that his performance had not previously met the expected standards.

The Relevant Legal Principles

23. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practice.
24. This Tribunal must determine whether Dr Jalloh's fitness to practise is impaired today, taking into account Dr Jalloh's performance at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

The Tribunal's Determination on Impairment

25. The Tribunal reminded itself of what the 2023 Tribunal considered would assist a review Tribunal. It noted that the onus was on Dr Jalloh to demonstrate that he was now fit to return to unrestricted practice.
26. The Tribunal reviewed the evidence provided by Dr Jalloh and found that it primarily related to his insight, not his remediation of his deficient performance. The Tribunal considered that Dr Jalloh had not explored opportunities to carry out clinical observations and had not provided evidence that addressed the underlying concerns about his clinical performance. The Tribunal was concerned that the evidence that Dr Jalloh had provided regarding his knowledge and skills all related to General Practice but that he had now indicated he would not return to General Practice, as he would prefer to go into a surgical specialty.
27. The Tribunal acknowledged that Dr Jalloh now accepted the 2010 Performance Assessment outcome but was troubled by the way he sought to rely on external reasons for his deficiencies and failures in other assessments and exams, as opposed to accepting responsibility himself.
28. The Tribunal considered that Dr Jalloh's expression of insight was limited, in that he had not demonstrated an understanding about the reasons for why his performance was found to be deficient or of potential risks to, or consequences for, patients and the profession.
29. The Tribunal noted that, between 2006 and 2012, Dr Jalloh had been working under conditions but had not taken the opportunity, either in that period or subsequently, to

improve his practise. The Tribunal considered that there was an absence of any proactive action by Dr Jalloh to seek shadowing opportunities or to develop or maintain his clinical skills and knowledge.

30. The Tribunal concluded that, if he were to return to unrestricted practice, there was a real risk of Dr Jalloh putting patients at risk of harm and of bringing the profession into disrepute. This was because the Tribunal had not been provided with sufficient evidence of insight or remediation of his deficiencies.
31. This Tribunal has therefore determined that Dr Jalloh's fitness to practise is impaired by reason of deficient professional performance. The Tribunal considered that this was necessary to protect the public, to maintain public confidence in the profession and to uphold professional standards.

Determination on Sanction - 21/11/2024

32. Having determined that Dr Jalloh's fitness to practise is impaired by reason of deficient professional performance, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to Dr Jalloh's registration.

The Evidence

33. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing where relevant to reaching a decision on what action, if any, it should take with regard to Dr Jalloh's registration.
34. The Tribunal received an undated reflective statement from Dr Jalloh, who also gave oral evidence. In his evidence, Dr Jalloh described how his insight had developed and how he now accepted the outcome of the performance assessments. He also described what he has been doing to keep his knowledge and skills up to date, which included reading articles on topics of interest in the *British Medical Journal*, shadowing echocardiography sessions at St Thomas' hospital and making enquiries about shadowing with the Royal Colleges of Surgeons in Glasgow and London. He described a lack of enthusiasm from these institutions, attributing this to ongoing proceedings with the GMC.

35. Dr Jalloh also told the Tribunal that he had booked to attend a basic surgical skills course on 17 December 2024 and a course on endoscopic surgery in Cardiff in February 2025. He said that this was part of developing his skills as a surgeon. Dr Jalloh acknowledged that he had been out of practice for a long time and would need to re-learn some skills, as if *'from scratch'*. He told the Tribunal that he had provided a portfolio of online training to the 2023 Tribunal but was not currently keeping a record of his learning, but could do so when he started his surgical training.
36. Dr Jalloh said that he had made errors, which he now accepts, but had done as much as possible in the circumstances to update his skills and knowledge.

Submissions

37. On behalf of the GMC, Ms Safeena Rashid, counsel, submitted that the only appropriate sanction was one of suspension. Ms Rashid accepted Dr Jalloh's engagement with the GMC and these proceedings were mitigating factors and confirmed his desire to return to practice.
38. Ms Rashid identified Dr Jalloh's lack of sufficient insight and his potential risk to patients as aggravating factors, submitting that any barriers to his remediation were of his own making. Ms Rashid said that Dr Jalloh had not explained what he meant when he claimed to have insight, nor had he addressed the specific concerns raised by the performance assessments. Ms Rashid said that the 2023 Tribunal had said Dr Jalloh should provide evidence of targeted remediation and training, but he had not done so, adding that Dr Jalloh had been involved with regulatory proceedings for 18 years without remediating the concerns raised.
39. Ms Rashid submitted that there was a clear risk to patient safety if Dr Jalloh were to return to unrestricted practice after being out of practice for over a decade. As time passed, it got more difficult for Dr Jalloh to maintain his skills and knowledge or to remediate his deficient performance. Ms Rashid argued that Dr Jalloh had not sufficiently investigated how to demonstrate any further development of his skills and knowledge. Dr Jalloh had taken only limited steps.
40. Ms Rashid submitted that there were no exceptional circumstances in the case that would justify taking no action and also said that the finding of impairment indicated that Dr Jalloh had not fully remediated.

41. Ms Rashid submitted that an order of conditions would not be sufficient to mark the seriousness of the matter. She referred the Tribunal to paragraph 82 of the Sanctions Guidance (2024) ('the SG'):

'82 Conditions are likely to be workable where:

- a the doctor has insight*
- b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings*
- c the tribunal is satisfied the doctor will comply with them*
- d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.'*

42. Ms Rashid submitted that, due Dr Jalloh's lack of insight and previous failure to comply with undertakings, conditions would not be workable.

43. Ms Rashid submitted that the current order of suspension should be maintained and referred the Tribunal to paragraph 94 of the SG:

'94 Suspension is also likely to be appropriate in a case of deficient performance or lack of knowledge of English in which the doctor currently poses a risk of harm to patients but where there is evidence that they have gained insight into the deficiencies and have the potential to remediate if prepared to undergo a rehabilitation or retraining programme.'

44. Ms Rashid said that, although Dr Jalloh lacked full insight, there was still the potential for him to remediate, given his desire to return to practice. A further period of suspension would allow time for Dr Jalloh to find out how to remediate his deficiencies and return to practice.

45. Dr Jalloh submitted that he had not chosen to be out of practice, but this had followed restrictions imposed by the GMC or MPTs. He said that he had insight and already accepted that he had made mistakes, but did not know how he could demonstrate further insight.

46. He reminded the Tribunal that he had made significant efforts to seek out shadowing opportunities but those at the RCS had been unwilling to assist him, because of the GMC proceedings.
47. Dr Jalloh said that, although he had initially disagreed with the performance assessors' opinions, he now accepted their conclusions and wanted to move on.
48. Dr Jalloh said that he would never return to General Practice in the UK because of the abuse he experienced in the role but that he wanted to be a surgeon. He said there was no evidence that he had ever caused harm to patients, so the GMC submissions in relation to risk were based on conjecture.

The Tribunal's Determination

49. The Tribunal is aware that the decision to impose the appropriate sanction, if any, on Dr Jalloh's registration is a matter for this Tribunal alone, exercising its independent judgement. In reaching its decision, the Tribunal has taken account of and applied the SG.
50. The Tribunal considered its decision on impairment, the submissions of both parties, and the documentary and oral evidence adduced during these proceedings. It also took account of legal advice.
51. The Tribunal recognised that the purpose of a sanction is not to be punitive, although it may have a punitive effect. The Tribunal must consider imposing a sanction if it is required to protect patients, maintain public confidence in the profession, and/or meet the wider public interest. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Jalloh's interests with the public interest.
52. In deciding what sanction, if any, to direct, the Tribunal reminded itself that it must consider each of the sanctions available, starting with the least restrictive, to establish which sanction is appropriate and proportionate.

Aggravating and mitigating factors

53. The Tribunal began by setting out the aggravating factors in the case, having regard to the following paragraphs of the SG:

‘51 It is important for tribunals to consider insight, or lack of, when determining sanctions. It is particularly important in cases where the doctor and the GMC agree undertakings or the tribunal imposes conditions. The tribunal must be assured that this approach adequately protects patients, in that the doctor has recognised the steps they need to take to limit their practice to remediate.

52 A doctor is likely to lack insight if they:

a refuse to apologise or accept their mistakes

b promise to remediate, but fail to take appropriate steps, or only do so when prompted immediately before or during the hearing

c do not demonstrate the timely development of insight

d fail to be open and honest during the hearing (see paragraph 98 of Good medical practice).

53 The tribunal should be aware however that cultural differences and the doctor’s circumstances (eg their ill health) could affect how they express insight (see paragraphs 45–49).’

54. The Tribunal considered that the aggravating factors in the case were that Dr Jalloh had insufficient insight into the seriousness of his deficiencies and how to remediate. Although he now accepted the performance assessors’ opinions, he had not demonstrated that he appreciated the consequences of deficient clinical performance or potential risks to patients. The Tribunal also identified lack of remediation as an aggravating factor. Dr Jalloh had only recently started to develop insight and had not provided evidence of specific, targeted remediation.

55. The Tribunal identified Dr Jalloh’s shift in view to accept the conclusions of the Performance Assessors as a mitigating factor, as it demonstrated partial insight. Dr Jalloh had engaged with his regulator and with these proceedings, indicating a cooperative attitude and desire to improve his performance and skills. The Tribunal recognised the significant lapse of time since the performance assessments but this did not amount to a mitigating factor as Dr Jalloh had not yet remediated.

No action

56. The Tribunal considered that there were no exceptional circumstances in this case to justify it taking no action. It also considered that taking no action would not serve the public interest in the case, nor would it satisfy the need to protect patients from risk of harm. Therefore, it determined not to take no action.

Conditions

57. The Tribunal had regard to paragraph 82 of the SG, as set out above by Ms Rashid. The Tribunal accepted that conditions may be appropriate in cases involving deficient professional performance. However, the Tribunal was not satisfied that Dr Jalloh would comply with conditions, as he had previously described undertakings as too restrictive.

58. The Tribunal determined that it would be unable to formulate a set of conditions that would adequately address Dr Jalloh's deficient performance and was not satisfied that Dr Jalloh would comply with any such order.

59. The Tribunal considered that Dr Jalloh's level of insight and his attitude to the regulatory process indicated that conditions would not be sufficient, appropriate or workable.

Suspension

60. The Tribunal then went on to consider whether to impose a further period of suspension. It had regard to paragraph 94 of the SG:

'94 Suspension is also likely to be appropriate in a case of deficient performance or lack of knowledge of English in which the doctor currently poses a risk of harm to patients but where there is evidence that they have gained insight into the deficiencies and have the potential to remediate if prepared to undergo a rehabilitation or retraining programme.'

61. The Tribunal had regard to the insight and intentions that Dr Jalloh had demonstrated. It accepted that he had acknowledged making a mistake and that he would have to go back to basics in some areas of his training. The Tribunal considered that Dr Jalloh was genuine in his desire to return to practice but that he was at the beginning of his development of insight.

62. The Tribunal considered that Dr Jalloh’s deficient performance was not fundamentally incompatible with continued registration and that his developing insight indicated that his deficiencies were remediable. In light of this, the Tribunal considered that erasure would be disproportionate and so determined to impose a further period of suspension.
63. The Tribunal considered that an order of suspension was sufficient to protect the public and to maintain public confidence in the profession. In addition, it would send the appropriate message to the profession about the standards of performance expected of a doctor.

Length of order

64. The Tribunal then went on to consider the length of such an order, having regard to the following paragraphs of the SG:

‘99 The length of the suspension may be up to 12 months and is a matter for the tribunal’s discretion, depending on the seriousness of the particular case.

100 The following factors will be relevant when determining the length of suspension:

a the risk to patient safety/public protection

b the seriousness of the findings and any mitigating or aggravating factors (as set out in paragraphs 24–60)

c ensuring the doctor has adequate time to remediate.’

65. The Tribunal determined that a period of 8 months suspension would be appropriate. It considered that this would allow Dr Jalloh time to make real steps towards the significant work of addressing the longstanding concerns whilst allowing for a timely review of his progress.
66. The Tribunal determined to direct a review of Dr Jalloh’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 Jalloh to demonstrate how he has remediated and further developed his insight. It therefore may assist the reviewing Tribunal if Dr Jalloh provided the following:

- Evidence of his participation in courses or training that identified and addressed the specific areas of concern in this case, namely the areas of Assessment, Treatment, Record Keeping, Investigations, Laws and Regulations, Communication and Relationships (Colleagues).
 - A written record of Continuing Professional Development related to the acquisition of both skills and knowledge.
 - A further statement of reflection prepared ahead of the reviewing Tribunal, complete with a date of writing.
 - Evidence of clinical attachments.
 - Testimonials from colleagues with whom he has had recent contact in a clinical setting.
 - Demonstration, through courses or other learning, his current awareness of the requirements of Good Medical Practice.
 - Evidence of reflections undertaken with medical colleagues on the development of his professional insight.
67. Dr Jalloh will also be able to produce any other evidence that he thinks would assist the reviewing Tribunal but, whether he seeks to return to General Practice, surgery or to follow any other pathway, evidence of remediation would still be required.
68. The MPTS will send Dr Jalloh a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current suspension will remain in place during the appeal period.

ANNEX A – 11/09/2024

Application to extend the current suspension under Rule 22(5)(a) and section 35D(12)(a) of the Medical Act 1983

69. Dr Jalloh’s case was originally heard by a Tribunal in 2023, resulting in a suspension for a period of 12 months, which would expire on 6 October 2024. The Tribunal convened on 11 September 2024 to review this decision. After announcing its decision on impairment, the Tribunal considered that there was insufficient time to conclude the case and it should adjourn part heard. The Tribunal was not able to identify a date when all three Tribunal members were available before the expiry of Dr Jalloh’s suspension. Therefore, the Tribunal invited the parties to make submissions on extending the existing suspension until such time as the Tribunal could reconvene to conclude the case.
70. The Tribunal had identified three possible dates at the end of November 2024 and the Case Management Team confirmed that 21 November 2024 was available.

Submissions

71. On behalf of the GMC, Ms Rashid submitted that it was necessary to extend the suspension as Dr Jalloh would pose a risk to patients if the order were to lapse and he were able to return to unrestricted practice.
72. Dr Jalloh opposed the application. He submitted that it was unfair to extend the order and to push back the decision of this hearing. He said that even if the suspension was revoked today, he would not be able to walk straight into practice. Dr Jalloh conceded that there was insufficient time to conclude the hearing today.

Legal Advice

73. The LQC gave advice on the approach to be adopted in deciding whether to extend a suspension under Rule 22(5)(a), provided the facts warrant the extension. The Tribunal should take account of evidence received in this hearing, context and submissions from the GMC and Dr Jalloh. The Tribunal should take account of the need to protect patients, uphold standards and maintain confidence in the medical profession and its regulator. The Tribunal should consider the principle of proportionality and need to be fair to Dr Jalloh as well as to the GMC representing the public interest.

74. The Tribunal should take account of relevant statutory provisions and principles in considering section 35D(5)(a) of the Medical Act which says that conditions may be extended if the Tribunal ‘thinks fit’.

75. The Tribunal took account of Rule 22(5)(a):

‘Where, prior to the Medical Practitioners Tribunal making a finding under rule 22(1)(f), a review hearing is adjourned under rule 29(2), the Medical Practitioners Tribunal—

(a) must consider whether to make a direction under section 35D(5)(a), (8)(a), or (12)(c) of the Act and announce its decision in that regard’

76. The Tribunal also took account of section 35D(5)(a) of the Medical Act 1983

‘On a review arranged under subsection (4A) or (4B), a Medical Practitioners Tribunal may, if they think fit—

(a) direct that the current period of suspension shall be extended for such further period from the time when it would otherwise expire as may be specified in the direction’.

The Tribunal’s decision

77. The Tribunal took account of the impact of suspension on Dr Jalloh’s ability to seek work, including his indication that he had approached the Royal College of Surgeons in Scotland. However, the Tribunal noted that Dr Jalloh had not worked in a clinical role since 2012.

78. The Tribunal considered that extending the order of suspension for four months would not undermine confidence in the medical profession. In all the circumstances the Tribunal considered that it was not disproportionate to extend the current order of suspension for four months, or until these proceedings conclude, as expected, on 21 November 2024.

79. The Tribunal took account of the need to uphold standards and to maintain public confidence in the medical profession. In that context, it was concerned that Dr Jalloh’s suspension should not be permitted to lapse in the weeks between 6 October 2024 (expiry date) and the date of the hearing reconvening.

80. Taking account of all relevant factors outlined above, the Tribunal concluded that a four-month extension of suspension was required to maintain public confidence in the profession. It decided to exercise its discretion under Rule 22(5)(a) and section 35(D)(5)(a) on the basis that the Tribunal '*thought [it] fit*' to extend suspension of Dr Jalloh's registration, pending the resumption and conclusion of this hearing.

81. Accordingly, the Tribunal determined to extend the order of conditions for four months.