Record of Determinations –
Medical Practitioners Tribunal

PUBLIC RECORD

Dates: 08/02/2019, 11/03/2019-12/03/2019

Medical Practitioner’s name: Dr Fardeen HAQUE

GMC reference number: 4735441

Primary medical qualification: MB BCh 2000 University of Wales

Type of case: Outcome on impairment

Review - Misconduct

Impaired

Summary of outcome

Conditions, 12 months.

Review hearing directed

Tribunal:

<table>
<thead>
<tr>
<th>Legally Qualified Chair</th>
<th>Miss Tarryn McCaffrey</th>
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<tr>
<td>Lay Tribunal Member:</td>
<td>Mrs Michele Clare</td>
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<td>Medical Tribunal Member:</td>
<td>Dr Andrew Hoyle</td>
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</tbody>
</table>

Tribunal Clerk: Mr Ian Leslie (8 February 2019)
Mr John Poole (11 & 12 March 2019)

Attendance and Representation:

<table>
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<tr>
<th>Medical Practitioner:</th>
<th>Present and represented</th>
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<tbody>
<tr>
<td>Medical Practitioner’s Representative:</td>
<td>Mr James Buchanan, Counsel, instructed by Ms Katie Costello of BLM Law</td>
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<tr>
<td>GMC Representative:</td>
<td>Ms Janet Ironfield, Counsel (8 February 2019) Mr Hugh Davies, Counsel (11-12 March 2019)</td>
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Overarching Objective

Throughout the decision making process the Tribunal has borne in mind the statutory overarching objective as set out in schedule 1, Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the
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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.

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.

Determination on Impairment - 12/03/2019

Background

1. The Tribunal does not intend to rehearse the full background of Dr Haque’s case,
but has had regard to the determinations of the previous Tribunal.

2. Dr Haque’s case was first considered by a Medical Practitioners Tribunal in a
hearing which spanned October and November 2017 and February 2018 (the ‘2018
Tribunal’).

3. It was alleged that Dr Haque held a consultation with Patient A for which he
retrospectively amended the records on 6 March 2013, 4 June 2013 and 5 June 2013.
The amendments were deemed to be an inaccurate, misleading and dishonest record of
the consultation. The 2018 Tribunal found that Dr Haque’s evidence was so vague that
it had difficulties in accepting it as reliable or credible, and formed the view that on
occasion, Dr Haque’s memory loss was selective.

4. In its decision on misconduct, the 2018 Tribunal found that the amendments made
on 6 March 2013 and 4 June 2013 did not constitute serious misconduct but that those
made on 5 June 2013 fell seriously below the standards expected of a registered
medical practitioner. It observed that:

   “Honesty is a fundamental tenet of the profession. The tribunal considered that
dishonesty in a doctor is a very serious matter as it undermines public confidence
in, and damages the reputation of, the profession. In the circumstances, it
concluded that your conduct with regards to making the two amendments referred
to above on 5 June 2013 fell so far short of the standards of conduct reasonably to
be expected of a doctor as to amount to serious misconduct.”

5. In respect of impairment, the 2018 Tribunal determined that this serious
misconduct occurred in the course of Dr Haque’s clinical work. It amounted to a
violation of a fundamental rule of the relationship between a medical practitioner and
patient thereby undermining public confidence in the medical profession. The Tribunal
also had regard to the testimonial material which spoke positively about Dr Haque’s
clinical work and personal integrity but noted a lack of insight and remediation.
6. The 2018 Tribunal determined to suspend Dr Haque’s registration for a period of twelve months. In deciding on this period of time, the 2018 Tribunal took into account the seriousness of Dr Haque’s actions and the need to demonstrate clearly to him, the profession and the public that his actions were unacceptable. It determined that a suspension of the maximum length was required to promote and maintain both public confidence in the profession, and standards and conduct for members of the profession. It was satisfied that this period would provide Dr Haque with sufficient time and opportunity to properly reflect on and gain insight into his dishonest conduct and demonstrate that he has fully remediated it.

7. The 2018 Tribunal advised that the next Tribunal reviewing Dr Haque’s case may be assisted by the following:

- a log of Continuing Professional Development (CPD), reflecting the broad nature of general medical practice;
- a reflective document on the impact of your dishonesty in the context of good medical practice and the impact of your dishonest conduct on others;
- evidence of completion of a relevant course in regard to honesty in the context of good medical practice;
- a statement from a demonstrably independent accredited GP mentor that you have reflected upon your dishonesty in this case.

**Today’s Review Hearing**

8. The Tribunal has considered, under Rule 22(f) of the Rules, whether Dr Haque’s fitness to practise is impaired by reason of his misconduct. This is the first review of his case which was originally listed for 8 February 2019 but adjourned on that occasion following an application made by Mr Buchanan, Counsel, on Dr Haque’s behalf. The Tribunal’s adjournment application is attached at Annex A.

9. In determining whether Dr Haque remains impaired by reason of his misconduct, the Tribunal has considered the submissions made by Mr Davies, Counsel, on behalf of the GMC, and Mr Buchanan. It has also had regard to all the evidence before it.

**Documentary Evidence**

10. The Tribunal has taken account of all the documentary evidence provided by the parties, including but not limited to:

- MPT Record of Determination dated 2 February 2018;
- Dr Haque’s reflective statement;
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- Course outline and module results for MSc Diploma in Sports and Exercise Medicine (‘the MSc Diploma’);
- Dr Haque’s learning reflections on undertaking the MSc Diploma;
- Certificates and proof of attendance of CPD between March 2017 and November 2018;
- Three South Tyneside CCG Education Forum meeting notes dated between July and November 2018;
- Dr Haque’s CPD log dated November 2017 to January 2019;
- Colleague feedback report dated 24 October 2017;
- Patient feedback report dated 17 July 2017;
- Various cards to Dr Haque and the practice from patients;
- A bundle of testimonials previously provided to the MPTS;
- A letter from the University of South Wales Applications Manager, Ms A, dated 8th February 2019;
- A reference provided the University of South Wales from Dr E dated 19th February 2019.

11. Dr Haque also gave oral evidence to the Tribunal.

Submissions

12. Mr Davies submitted that the GMC position was neutral in regard to impairment. He reminded the Tribunal of the evidence the 2018 Tribunal suggested might assist a review.

13. Mr Davies invited the Tribunal to consider if the conduct was easily remediable; has been remedied; and if there is a likelihood of repetition. He submitted that it was for the Tribunal to determine whether Dr Haque has insight.

14. Mr Davies acknowledged that Dr Haque has provided a CPD log and reflective document, as well as attended a relevant course designed to address matters of dishonesty. He submitted that it was up to the Tribunal to consider whether Dr Haque has demonstrated true insight.

15. Mr Davies invited the Tribunal to consider the MSc Diploma undertaken by Dr Haque during his suspension. He submitted that, while Dr Haque accepted this course was not directly relevant to his case, it did show a desire to learn. Mr Davies drew the Tribunal’s attention to Dr Haque’s email to Ms A, Applications Manager, on 16 February 2018, which included a personal statement in support of his application. The statement included ‘I am a dedicated and enthusiastic GP... I have been interested in musculoskeletal medicine... I perform joint injections for the practice...’.

He submitted that the change in tenses in the supporting statement from past to present was difficult to explain. However, he acknowledged that Dr Haque, when
questioned on this, accepted that it could be perceived as misleading but that he is in a different place 12 months on.

16. Mr Davies further drew the Tribunal’s attention to an entry from July 2018 in Dr Haque’s reflective log in which he wrote, ‘I work in a small GP practice where there are 3 partners and have worked there over 5 years’, again using the present tense. Mr Davies submitted that this piece of evidence was difficult to fit with an explanation that insight has been developing since February 2018. He submitted that this was misleading.

17. On behalf of Dr Haque, Mr Buchanan invited the Tribunal to consider the positive remarks provided in the reports of Dr B, Dr C and Dr D.

18. Mr Buchanan submitted that Dr Haque accepted the decision made by the 2018 Tribunal, including the finding of dishonesty. He submitted that Dr Haque was respected by his peers and plainly has many positive qualities.

19. Mr Buchanan submitted that while Dr Haque’s email to Ms A could be seen as misleading, there was no requirement for Dr Haque to disclose the fact that he was suspended. He submitted that the email’s disclosure to this Tribunal shows Dr Haque’s transparency and added that when questions were put to Dr Haque about it and his learning reflections for the MSc Diploma, he answered unequivocally and acknowledged that the documents could be seen as misleading, which in itself indicated insight.

20. Mr Buchanan submitted that Dr Haque had undertaken an intensive three day course run by The Clinic for Boundary Studies on maintaining professional ethics. Mr Buchanan highlighted that the email to Ms A and many of the entries in Dr Haque’s reflective log predated his attendance on the ethics course. Mr Buchanan also submitted that Dr Haque intended to have in place a ‘weekly values check’ at which he would submit himself to scrutiny by his peers and that this intention demonstrated a level of insight into what Dr Haque must do in order to prevent a repetition of his misconduct.

The Relevant Legal Principles

21. The Tribunal’s decision as to whether Dr Haque’s fitness to practise is impaired is a matter for the Tribunal’s judgement alone. In a review case the persuasive burden falls upon the doctor to demonstrate that all the concerns identified have been adequately addressed, and that remediation has taken place.

22. The Tribunal must determine whether Dr Haque’s fitness to practise is impaired today. In so doing, it has taken into account his conduct at the time of the allegations, together with any relevant factors since then, such as whether the matters are remediable, have been remediated and are highly unlikely to be repeated.
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23. Throughout its deliberations, the Tribunal has borne in mind the statutory overarching objective, which includes the need to:
   
a  protect and promote the health, safety and wellbeing of the public
b  promote and maintain public confidence in the medical profession
c  promote and maintain proper professional standards and conduct for the members of the profession.

24. The Tribunal reminded itself that admitting the misconduct is not a condition precedent to establishing that the registrant understands the gravity of the offending and is unlikely to repeat it, Yusuff v GMC [2018] EWHC 13 (Admin).

The Tribunal’s Decision on Impairment

25. The Tribunal considered that Dr Haque’s CPD log and reflections were substantial and reflected the broad nature of general medical practice. It was satisfied that that he has made efforts to keep his medical skills and knowledge up-to-date.

26. The Tribunal was also of the view that the three day professional ethics course undertaken by Dr Haque in November 2018 has been beneficial to him.

27. The Tribunal bore in mind that, while acknowledging the findings of the 2018 Tribunal, Dr Haque does not accept that he was dishonest, albeit acceptance of the 2018 Tribunal’s findings is not a precondition to having developed insight.

28. The Tribunal noted that dishonesty is difficult to remediate. It was of the view that Dr Haque’s insight into his misconduct has started to develop. However the Tribunal considered that this is in its infancy.

29. In his evidence Dr Haque accepted that the MSc Diploma was not relevant to the dishonesty concerns raised by the 2018 Tribunal. The Tribunal considered that the MSc Diploma did indicate a general willingness to learn and improve, which was encouraging.

30. Dr Haque stated that while he had struggled to accept the 2018 Tribunal’s decision, he understood how his actions could be perceived as dishonest and accepted that they fell below the standards expected of a medical practitioner. He accepted that his actions had started ‘this chain of events’ and said that he would do things differently today. He stated he was in a ‘very different place this year’.

31. Dr Haque said that before he had started the MSc Diploma, he had telephoned the admissions department at the University of South Wales and told
them that he was suspended. However, he had not told the course tutors. He said that he had considered doing so but did not know how to introduce the matter and was embarrassed. He said that he had told a tutor in February 2019 after this review hearing was adjourned. The Tribunal considered that this latter point demonstrated the recent emergence of a level of insight.

32. The Tribunal noted that up until February of this year, Dr Haque’s learning reflections prepared for the MSc Diploma gave the impression he was a practising doctor. Similarly, Dr Haque’s email to Ms A dated 16 February 2018 gave the impression that he was currently practising. The Tribunal acknowledged that Dr Haque had not been required to declare his suspension to the University on application, however the manner in which he had written his learning reflections was as if he were a practising GP and created an incorrect impression. In evidence, Dr Haque agreed that writing in this manner could be perceived as misleading.

33. The Tribunal was concerned by this. Dr Haque accepted that the actions that brought him before the 2018 Tribunal could be perceived as dishonest. Similarly he accepted that the materials submitted for the MSc Diploma could be perceived as misleading. The Tribunal considered that it is these perceptions that Dr Haque needs to learn not to create if full insight is to be demonstrated, the risk of repetition avoided and the overarching objective upheld.

34. The Tribunal had regard to Dr B’s letter of support dated 1 February 2019. Dr Haque shadowed Dr B from January to February 2019. Dr B commented:

‘He [Dr Haque] explained that initially, although he knew that he had erred, he struggled to agree with the severity of the findings but more recently he has accepted that there had been significant short-comings and that he had begun to understand how to prevent such things happening again and move forward.’

This supported the Tribunal’s view that insight has only recently begun to emerge.

35. The Tribunal considered that Dr Haque is still developing insight. The Tribunal concluded that as Dr Haque does not have full insight, there remains a risk of repetition of his conduct. The Tribunal has therefore determined that his fitness to practise remains impaired by reason of his misconduct.

**Determination on Sanction - 12/03/2019**

1. Having determined that Dr Haque’s fitness to practise remains impaired by reason of his misconduct, the Tribunal has considered in accordance with Rule 22(1)h of the Rules, what action, if any, it should take with regard to his registration.
2. In so doing, it has had regard to the submissions made by Mr Davies on behalf of the GMC, and those made by Mr Buchanan on behalf of Dr Haque.

Submissions

3. Mr Davies submitted that in light of the Tribunal’s findings at the impairment stage, a period of suspension was the appropriate sanction.

4. Mr Davies submitted that public confidence was central to this case and that patients must be able to trust doctors and doctors must make sure their conduct justifies that trust in them.

5. In terms of mitigating features in this case, Mr Davies noted the lapse of time since the events giving rise to the allegation occurred and that it was a single event. He submitted, however, that it was an aggravating feature that Dr Haque had only recently started to develop insight into events occurring in 2013. Mr Davies submitted that until Dr Haque recognises the extent of his misconduct, there is a risk of repetition.

6. Mr Davies submitted that taking no action on Dr Haque’s registration would not be an option in this case, because taking no action could only be justified where there are exceptional circumstances.

7. With regard to whether conditions would be an appropriate sanction, Mr Davies submitted that while Dr Haque has some insight, it would be difficult to impose conditions in a case involving dishonesty. He reminded the Tribunal that conditions would have to be workable and monitored.

8. Mr Davies concluded that the appropriate sanction was one of suspension. He added that the duration of any suspension was a matter for the Tribunal to consider. Throughout his submissions Mr Davies referred the Tribunal to the relevant sections of the Sanctions Guidance (February 2018) (‘SG’).

9. On behalf of Dr Haque, Mr Buchanan accepted that taking no action would be inappropriate in this case.

10. Mr Buchanan submitted that Dr Haque has insight, albeit in its infancy, as identified by the Tribunal. He submitted that Dr Haque does not pose a significant risk of repeating his behaviour and that a period of conditions was a practical and
effective way to ensure that he has full insight before returning to unrestricted practise. 

11. Mr Buchanan suggested that Dr Haque’s ‘weekly value checks’ could be discussed with either his mentor or his supervisor and that the outcome of such discussions could be included in a report by the mentor or supervisor to a future review Tribunal.

12. Mr Buchanan submitted that these practical measures, enforced as conditions, would reassure the Tribunal that there will be no repetition of the conduct found by the last Tribunal.

13. Mr Buchanan said that Dr Haque had the potential to respond positively to conditions. He added that members of the public, knowing that Dr Haque has been suspended for 13 months, would not take umbrage if he were permitted to return to practise under strict conditions.

14. Mr Buchanan submitted that if the Tribunal did not think conditions were an appropriate sanction in this case, it should impose a period of suspension for as short a period as possible.

15. Mr Buchanan added that, given the Tribunal’s finding at the impairment stage, erasure would be wholly inappropriate.

**Tribunal Approach**

16. The decision as to the appropriate sanction to impose in this case is a matter for this Tribunal exercising its own judgement. In reaching its decision, the Tribunal has taken account of the relevant guidance contained within the Sanctions Guidance (SG). It has borne in mind that the purpose of the sanctions is not to be punitive, but to protect patients and the wider public interest, although any sanction may have a punitive effect.

17. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Haque’s interests with the public interest. The public interest includes, amongst other things, the protection of patients, the maintenance of public confidence in the profession, and the declaring and upholding of proper standards of conduct and behaviour.
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18. The Tribunal has already given a detailed determination on impairment and it has taken those matters into account during its deliberations on sanction.

No action

19. In reaching its decision as to the appropriate sanction, if any, to impose in Dr Haque’s case, the Tribunal first considered whether to conclude the case by taking no action.

20. Following a finding of impairment, taking no action is only considered appropriate where there are exceptional reasons for doing so. The Tribunal determined that there are not any exceptional circumstances to justify taking no action in this case.

Conditions

21. The Tribunal next considered whether it would be appropriate to impose a period of conditions on Dr Haque’s registration. It has borne in mind that any conditions must be appropriate, proportionate, workable and measurable.

22. The Tribunal recognised that conditions were unusual in cases involving dishonesty and are more relevant to cases with identified clinical concerns. However, it considered that the overarching objective could be best served by a period of conditions. Given that the Tribunal found that Dr Haque has:

- kept his clinical knowledge up-to-date;
- reflected extensively on his medical knowledge;
- engaged with mentors;
- developed a level of insight,

it was satisfied that he would engage and comply with conditions. Conditions could be imposed that would allow a doctor who has some insight to fully develop it in the context of his practice.

23. The Tribunal bore in mind that Dr Haque’s registration has already been subject to a lengthy period of suspension and that this will stay on his record for 5 years. The Tribunal considered that the period of suspension has served the public interest but that at this juncture, the public interest is best served by allowing Dr Haque to return to conditional practice.
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24. The Tribunal is satisfied that it is sufficient and proportionate, weighing the interests of the public with Dr Haque’s interests, to impose conditions on his registration for a period of 12 months.

25. The Tribunal determined that bringing Dr Haque back into practice would be beneficial to the public and Dr Haque. The Tribunal has determined to impose the following conditions on Dr Haque’s registration which will relate to his employment and will be published:

1. He must notify the GMC within seven calendar days of the date these conditions become effective:
   a. of the details of his current post, including his job title, job location and responsible officer (or their nominated deputy) information
   b. of the contact details of his employer and/or contracting body, including his direct line manager
   c. of any organisation where he has practising privileges and/or admitting rights
   d. of any training programmes he is in
   e. of the organisation on whose medical performers list he is included

2. He must notify the GMC:
   a. of any post he accepts, before starting it
   b. if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
   c. if he applies for a post outside the UK.

3. He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.
4  a  He must have a workplace reporter approved by his responsible officer (or their nominated deputy) and must inform the GMC of these arrangements;

b  He must not start/restart work until his responsible officer (or their nominated deputy) has approved his workplace reporter and this approval has been forwarded to the GMC.

5  a  He must design a personal development plan (PDP), approved by his responsible officer (or their nominated deputy), with specific aims to address the deficiencies in the following areas of his practice;

   •  The fundamental tenet of trust and honesty in the doctor-patient relationship
   •  Record keeping
   •  Communication and transparency

b  He must give the GMC a copy of his approved PDP within three months of these conditions becoming effective.

c  He must give the GMC a copy of his approved PDP on request.

d  He must meet with his responsible officer (or their nominated deputy), as required, to discuss his achievements against the aims of his PDP.

6  a  He must have an educational supervisor approved by his responsible officer (or their nominated deputy) and must inform the GMC of these arrangements.

b  He must not start/restart work until his responsible officer (or their nominated deputy) has approved his educational supervisor and this approval has been forwarded to the GMC.

7  He must only work in a NHS GP practice.

8  He must not work in any locum post or fixed term contract of less than 3 months.
9 He must have a mentor who is approved by his responsible officer (or their nominated deputy). He must discuss his weekly value checks with this mentor.

10 He must inform the following persons of the conditions listed above:

   a his employer and/or contracting body
   b his responsible officer (or their nominated deputy)
   c his immediate line manager at his place of work, at least 24 hours before starting work (for current and new posts including locum posts)
   d any prospective employer and/or contracting body, at the time of application
   e The responsible officer of any organisation where he has, or has applied for, practising privileges and/or admitting rights, at the time of application
   f any locum agency or out-of-hours service he is registered with
   g the organisation on whose medical performers list he is included or seeking inclusion, at the time of application

26. The Tribunal determined to impose conditions on Dr Haque’s registration for a period of 12 months, which it considered an appropriate time period that would enable Dr Haque to fully remediate and develop his insight.

27. The Tribunal determined to direct a review of Dr Haque’s case. A review hearing will convene shortly before the end of the period of conditional registration, unless an early review is sought. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Haque to demonstrate how he has fully remediated and developed full insight. It therefore may assist the reviewing Tribunal if Dr Haque provided the following evidence:
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- A report from his educational supervisor commenting on the areas identified within the PDP and the progress made in relation to them;
- A reflective statement specifically with regard to his weekly values checks, discussions about his weekly value checks with his mentor and his development of insight;
- Up-to-date testimonials from individuals aware of the matters which brought him in front of this Tribunal;
- Any other information that he considers would assist the reviewing Tribunal.

Determination on extending current order – 12/03/2019

1. Dr Haque’s current order of suspension expires on 15 March 2019. The Tribunal has determined to impose a period of conditions on Dr Haque’s registration although this will not come into effect until 28 days after this decision is deemed to have been served on him. The Tribunal therefore invited submissions from parties as to whether the current order of suspension should be extended to cover the appeal period.

2. Mr Davies submitted that the period of suspension should be extended to cover the appeal period and that this was necessary to protect the public.

3. Mr Buchanan submitted that even if the conditions came into force today, Dr Haque would be unable to return to work for various reasons. It was impossible for him to return to work within 28 days; as such, he poses no risk to the public.

The Tribunal decision

4. The Tribunal balanced the interests of the public against those of Dr Haque. It acknowledged that Dr Haque has already been suspended for thirteen months.

5. The Tribunal determined that the current order of suspension should be extended until the order of conditions takes effect. It considered that this was necessary for the public protection because in the absence of suspension Dr Haque would be able to practise privately. Given that the Tribunal has found that he remains impaired, an unfettered licence to practise would not be in the public interest and an extension of the current order of suspension is necessary for the protection of the public.

6. Unless Dr Haque’s exercises his right of appeal, the conditions will come into effect 28 days from when notice is deemed to have been served on him.
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Confirmed
Date 12 March 2019

Miss Tarryn McCaffrey, Chair

ANNEX A – 08/02/2019

Application for Adjournment and the Extension of the Current Order

1. When considering preliminary matters at the outset of the hearing, Mr Buchanan made an application to adjourn the proceedings.

Tribunal Decision

2. In deciding whether to grant the application, the Tribunal carefully considered all the information before it, which included Mr Buchanan’s and Ms Ironfield’s submissions. The Tribunal balanced the interests of the doctor with the wider public interest.

3. Mr Buchanan’s application to adjourn the hearing came after 12pm. He requested the adjournment on the basis of the Tribunal’s concerns raised at the outset of the hearing in relation to Dr Haque’s attendance on a university course open to medical professionals working in a clinical setting. This required Mr Buchanan to contact the university to gain clarification of the entry requirements. The Tribunal initially refused the application hoping the clarification could be obtained in sufficient time to enable the hearing to be progressed today. It determined that it was in the public interest as well as Dr Haque’s interests for matters to proceed expeditiously.

4. At 2pm, Mr Buchanan notified the Tribunal that whilst he hoped he would receive the information requested from the university today, it had not yet arrived. Mr Buchanan submitted that the information was of importance to his client’s case as it was information that he would like Dr Haque to comment about in examination in chief and indeed, might be something that Ms Ironfield would wish to cross examine Dr Haque about. Mr Buchanan invited the Tribunal to consider whether Dr Haque could start to give his evidence today on the basis that, if this information did not arrive, he would be required to remain under oath and not discuss the case until the hearing could next be scheduled.

5. Given the hour, the Tribunal revisited its earlier decision on whether to grant an adjournment. The Tribunal was of the view that it was impractical for Dr Haque to start to give evidence only for the case to be adjourned with him under oath. It
considered that it was not reasonable to expect him not to discuss the matter with friends, family or his legal representative until the hearing could be reconvened. The Tribunal noted that the information from the university may make a difference to Dr Haque’s examination in chief and cross examination and therefore considered that it is in both Dr Haque’s interests and in the public interest to adjourn the hearing today. It has determined to accept the application to adjourn this hearing.

6. The Tribunal next considered whether to extend the current order of Suspension. Mr Buchanan did not object to a short extension of the order. Ms Ironfield stated that the current order should not be allowed to lapse without a review. The Tribunal bore in mind its obligations under the overarching objective and was of the view that the public interest required an extension of the current order of Suspension prior to its expiration, given that the 2018 Tribunal had identified “serious misconduct”.

7. Owing to the complexity of the issues which have arisen in this case, the Tribunal decided that the hearing should return for a period of two days to ensure that the case is able to conclude without being part-heard.

8. The dates on which this Tribunal will reconvene are 11-12 March 2019.

9. The Tribunal determined to extend the current order of Suspension until 15 March 2019.