Record of Determinations –
Medical Practitioners Tribunal

PUBLIC RECORD

Dates: 29/08/2019 - 30/08/2019

Medical Practitioner’s name: Dr Fazal HUSSAIN

GMC reference number: 5206153

Primary medical qualification: Lekarz 1999 Warsaw

Type of case
Outcome on impairment
Restoration following disciplinary erasure

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

Tribunal:

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<td>Legally Qualified Chair</td>
<td>Mr Nathan Moxon</td>
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<td>Lay Tribunal Member:</td>
<td>Mr Michael Turner</td>
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<td>Medical Tribunal Member:</td>
<td>Professor Irving Benjamin</td>
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Tribunal Clerk:
Miss Jan Smith
Mr David Salad

Attendance and Representation:

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<th>Medical Practitioner:</th>
<th>Present and represented</th>
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<td>Medical Practitioner’s Representative:</td>
<td>Ms Mary O’Rourke, QC, instructed by Burton Copeland Solicitors</td>
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<td>GMC Representative:</td>
<td>Mr Alan Taylor, Counsel</td>
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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.
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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 s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Restoration

1. Dr Hussain has applied to the General Medical Council (GMC) for the restoration of his name to the Medical Register following his erasure in June 2013.

2. The Tribunal has considered the application made by Ms O’Rourke QC, on behalf of Dr Hussain, in accordance with the provisions set out in Section 41 of the Medical Act 1983, as amended ‘(the Act’), and Rule 24 of The General Medical Council (Fitness to Practise) Rules 2004, as amended (‘the Rules’). This is Dr Hussain’s first application to be restored to the Medical Register.

Overarching Objective

3. Throughout the decision-making process, the Tribunal had regard to the statutory overarching objective, as set out in Section 1 of the Act, which includes 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

Background

4. The Tribunal has been apprised of the background to Dr Hussain’s case, which led to a hearing before a Fitness to Practise Panel in June 2013 (‘the 2013 Panel’). The 2013 Panel determined that Dr Hussain’s name should be erased from the Medical Register, having found his fitness to practise to be impaired by reason of misconduct.

5. At the commencement of the 2013 hearing Dr Hussain declined to admit any of the paragraphs of the allegation and the Tribunal made their findings as follows

   1. Between 2010 and 2011, you worked as a trainee under the Yorkshire and Humber Postgraduate Deanery; Found Proved
2. In your CV submitted to the Townhead Surgery between February and March 2010, you falsely stated that you had completed
   a. an M.Sc in Pharmacy and Pharmacology at the Loughborough University of Technology (Loughborough University), **Found Proved**
   b. a B.Sc(Hons) in Pharmacy and Pharmacology at the University of Leicester; **Found Proved**

3. During a tutorial in February 2010, you falsely told Dr A that you had commenced study in medicine at the University of Liverpool prior to study at Warsaw, or words to that effect; **Found Not Proved**

4. In respect of a Multi-Source Feedback form (the Form) dated 2 June 2010 and timed at approximately 09:31am
   a. you pressured Healthcare Assistant Ms B to complete the form, **Found Not Proved**
   b. you inputted all of the contents on behalf of Healthcare Assistant Ms B, **Found Proved**
   c. the view and or knowledge of Healthcare Assistant Ms B that you inputted was, in part, false, **Found Proved**
   d. you pressured Healthcare Assistant Ms B not to raise an issue in respect of your completion of the Form; **Found Not Proved**

5. On or around 19 March 2010, during the course of your training, in your reflective learning log you plagiarised
   a. the 'NHS Education for Scotland website, **Found Proved**
   b. the 'University of Southampton NHS Trust website; **Found Proved**

6. On or around 11 May 2010, during the course of your training, in your e-portfolio you plagiarised a publication of the 'California Chlamydia Action Coalition; **Found Proved**

7. On or around 19 July 2010, during the course of your training, in your reflective learning log you plagiarised
   a. reviews of the novel ‘The Citadel’ from the Amazon website, **Found Proved**
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b. a review of the novel ‘The Citadel’ from the ‘enotes.com’ website;

Found Proved

8. During, or around the time of, your Step 2 Appeal on 6 July 3 May 2011, you falsely told Dr David Rose that Dr Liz Moulton had informed you that there would be no further action following the Code of Conduct Panel meeting of 21 September 2010; Deleted following a successful half time application

9. The conduct referred to at paragraphs 2 to 8 inclusive was dishonest; Found proved in respect of paragraphs 2 (in its entirety), 4(b), 4(c), 5 (in its entirety), 6 (in its entirety) and 7 (in its entirety). Found not proved in respect of paragraphs 3, 4(a) and 4(d).

6. The 2013 Panel heard that, between 2010 and 2011, Dr Hussain worked as a trainee in general practice under the Yorkshire and Humberside Postgraduate Deanery. He commenced an ST1 post at the Townhead Surgery in Settle on 3 February 2010 which was for a period of six months. There were three trainers in the practice, all of whom were involved in Dr Hussain’s training, and he had an educational supervisor.

7. The 2013 Panel noted that, throughout his evidence, Dr Hussain sought to deny that he had been dishonest because there was justification for his actions and other people had acted in a similar manner. The 2013 Panel was concerned that, two years after the events in question, Dr Hussain still maintained his justifications.

8. The 2013 Panel considered that all of Dr Hussain’s conduct could be linked in establishing a pattern of behaviour involving dishonest actions and then seeking to cover up those actions in blaming others for his own unrecognised failings. Dr Hussain had stated unequivocally during the 2013 hearing that practitioners at the Townhead Surgery were lying, were out to destroy him and were conspiring with the Yorkshire and Humberside Deanery and that one of his medical colleagues was racist and discriminatory. The 2013 Panel found that Dr Hussain’s comments were malicious and an attempt to hide his own shortcomings. It also found that he had been dishonest on a number of occasions and that he had clearly breached a fundamental tenet of the medical profession. Furthermore, the 2013 Panel found that Dr Hussain had been untruthful when giving his evidence on oath during the hearing and it concluded that his integrity could not be relied upon.

9. The 2013 Panel assessed Dr Hussain’s insight and took into account his lack of awareness that his conduct was unacceptable and there was no recognition from him that what he did was wrong. Indeed, Dr Hussain sought to minimise and justify his behaviour even in the light of the 2013 Panel’s findings of fact and that Panel was “deeply troubled” at Dr Hussain’s “complete lack of insight”.

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10. The 2013 Panel was satisfied that not only did Dr Hussain not demonstrate any insight, but he did not recognise his misconduct and had not remedied it. The 2013 Panel was not confident that Dr Hussain would not repeat his misconduct in the future. It found that Dr Hussain’s dishonesty was not just one episode but that it continued up to and including during the 2013 hearing.

11. Taking account of all the circumstances, the 2013 Panel concluded that the public interest demanded a finding of impairment, in particular to uphold proper standards of conduct and behaviour and to maintain public confidence in the profession.

12. The 2013 Panel carefully balanced the interests of Dr Hussain against the public interest which includes that the public should not be deprived of the services of an otherwise useful doctor. However, in the light of the seriousness of Dr Hussain’s misconduct and his complete lack of insight, the 2013 Panel concluded that suspension would be inappropriate and therefore the only sanction which would apply in the circumstances was one of erasure. In reaching its decision the 2013 Panel considered that Dr Hussain’s breaches and wholesale disregard for the principles of Good Medical Practice were so serious that they amounted to behaviour which was fundamentally incompatible with being a doctor. It considered that erasure was necessary to maintain public confidence in the profession and to declare and uphold proper standards of conduct and behaviour.

13. Dr Hussain lodged an appeal against the Panel’s findings of facts, determination on impairment and sanction. That appeal was heard in the High Court on 5 December 2013. The appeal was dismissed by Justice Bird, save for the Panel’s findings relating to paragraph 2 of the Allegation. Judge Bird concluded that Dr Hussain’s actions in relation to his CV had not been dishonest. Nevertheless, he held that the 2013 Panel was right to conclude that Dr Hussain’s fitness to practise was impaired and that its conclusion that erasure was the proportionate response could not be criticised.

14. Dr Hussain brought his appeal to the Court of Appeal and his case was heard on 7 November 2014. Justices Longmore, Bean and Ouseley all agreed that the 2013 Panel was entitled to find that Dr Hussain’s fitness to practise was impaired by reason of the misconduct. The Court held, at paragraph 45:

“45. In view of the findings of dishonesty in respect of the MSF form and The Citadel, coupled with the Appellant’s evident lack of insight, the Panel’s conclusion that erasure was the proportionate response cannot be criticised.”

15. Prior to undertaking GP training, Dr Hussain had previously worked in Accident and Emergency Departments in a number of hospitals between February 2008 and December 2013. In 2015, Dr Hussain went to work as a Resident Medical Officer in Accident and Emergency medicine in Malta and, at the present time, he is still working for three weeks per month in Malta.
Evidence

16. The Tribunal was provided with the determinations of the 2013 Panel, as well as the transcripts from that hearing. It has been provided with the 2013 High Court judgment and the 2014 Court of Appeal judgment. It has also been provided with a large volume of supporting documentation which included, but was not limited to:

- Dr Hussain’s application for restoration
- Dr Hussain’s CV
- A Certificate of Good Standing from Malta
- Evidence of Dr Hussain’s Continuing Professional Development (CPD) and Continuing Medical Education (CME) activities
- Testimonial evidence from patients and professional colleagues in Malta

17. In addition, Dr Hussain gave oral evidence on oath during this hearing and was subject to cross-examination by GMC Counsel and questions from the Tribunal.

Legal Advice

18. The following legal advice was given by the Legally Qualified Chair and agreed by Counsel for both parties:

“When considering the application for restoration, the Tribunal must have particular regard to the statutory overarching objective:

a. To protect, promote and maintain the health, safety and wellbeing of the public;

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

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

The doctor bears the burden of adducing evidence to satisfy the Tribunal that he is fit to practise.

In General Medical Council v Chandra [2018] EWCA Civ 1898, the Court of Appeal stated, at paragraph 59, that the principles in Bolton v Law Society [1994] 1 WLR 512 apply equally to doctors as to solicitors and that the question in both sanction and restoration cases is:

“... having regard to the over-arching objective, is the doctor/applicant fit to practise?”
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In *Bolton v Law Society*, it had been held by the Master of the Rolls, at paragraph 14:

“Any solicitor who is shown to have discharged his professional duties with anything less than complete integrity, probity and trustworthiness must expect severe sanctions to be imposed upon him by the Solicitors Disciplinary Tribunal. Lapses from the required high standard may, of course, take different forms and be of varying degrees. The most serious involves proven dishonesty, whether or not leading to criminal proceedings and criminal penalties....”

At paragraph 15, the purposes of Tribunal orders were outlined and that the most fundamental of those purposes was:

“.... to maintain the reputation of the solicitors’ profession as one in which every member, of whatever standing, may be trusted to the ends of the earth. To maintain this reputation and sustain public confidence in the integrity of the profession it is often necessary that those guilty of serious lapses are not only expelled but denied re-admission. If a member of the public sells his house, very often his largest asset, and entrusts the proceeds to his solicitor, pending re-investment in another house, he is ordinarily entitled to expect that the solicitor will be a person whose trustworthiness is not, and never has been, seriously in question. Otherwise, the whole profession, and the public as a whole, is injured. A profession's most valuable asset is its collective reputation and the confidence which that inspires.”

At paragraph 16, it was held:

“Because orders made by the tribunal are not primarily punitive, it follows that considerations which would ordinarily weigh in mitigation of punishment have less effect on the exercise of this jurisdiction than on the ordinary run of sentences imposed in criminal cases. It often happens that a solicitor appearing before the tribunal can adduce a wealth of glowing tributes from his professional brethren. He can often show that for him and his family the consequences of striking off or suspension would be little short of tragic. Often he will say, convincingly, that he has learned his lesson and will not offend again. On applying for restoration after striking off, all these points may be made, and the former solicitor may also be able to point to real efforts made to re-establish himself and redeem his reputation. All these matters are relevant and should be considered. But none of them touches the essential issue, which is the need to maintain among members of the public a well-founded confidence that any solicitor whom they instruct will be a person of unquestionable integrity, probity and trustworthiness..... The reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits, but that is a part of the price.”
At paragraph 60, the Court of Appeal in *Chandra* held:

“... in my judgment, the approach is likely to be different (and may be completely different) in clinical error/negligence cases as opposed to those cases in which the offending behaviour is central to the function of the applicant as a doctor, such as in cases of dishonesty....”

At paragraph 70 it was stated:

“... the tribunal must consider the matters in the guidelines including the circumstances which led to the erasure. They must make findings as to what extent the applicant has shown remorse and insight and remediated him/herself and satisfy themselves that he or she is no longer a risk. The passage of time....will be important. The MPT must then stand back and have proper regard to the over-arching objective.”

The correct approach of the Tribunal was further outlined at paragraph 92:

“... they would first have considered with care all the evidence of remediation against the backdrop of the matters which had led to erasure and made findings in that respect. Having made positive findings in this respect, they would then have metaphorically stepped back and balanced those findings against each of the three limbs of the over-arching objective. Only by doing so could they satisfy themselves that, when considering the case overall, including the length of time which has now elapsed, the restoration of the applicant would promote and maintain public confidence and proper professional standards so that, notwithstanding the serious nature of the original misconduct, the over-arching objective would be achieved.”

At paragraph 89 it was stated that:

“... there is no test of 'exceptional circumstances' which has to be satisfied before an applicant can be restored to the register.”

Clear reasons are required to explain the reasons for the determination.”

**Submissions**

**GMC Submissions**

19. Mr Taylor submitted that the GMC was neutral on the application to restore Dr Hussain’s name to the Medical Register.
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20. Mr Taylor reminded the Tribunal that, during his oral evidence, Dr Hussain stated that he was remorseful and apologetic and that he had gained insight into his misconduct. Mr Taylor asked the Tribunal to consider whether Dr Hussain’s remorse was genuine and whether his insight was complete or merely perfunctory: the Tribunal must determine whether Dr Hussain’s assertions of remorse and insight are genuine or simply being said as it is what Dr Hussain believes the Tribunal want to hear.

21. In relation to remediation, Mr Taylor submitted that there had been severe criticisms of Dr Hussain from the 2013 Panel including that Dr Hussain:

- had lied under oath
- had a reckless disregard for the GMC
- had made malicious comments against others in order to hide his own shortcomings
- was dishonest on a number of occasions, breaching a fundamental tenet of the medical profession
- had a complete lack of insight into his conduct and behaviour, despite the 2013 Panel’s findings of fact

Mr Taylor submitted that the Tribunal should question whether all these shortcomings have been satisfactorily addressed in the light of such serious criticism.

22. Mr Taylor reminded the Tribunal of Dr Hussain’s evidence that problems had only arisen during his employment at the Townhead Surgery in Settle in 2010. He submitted that these problems had in fact continued at Dr Hussain’s next placement which led him to abandon his GP training.

23. Mr Taylor questioned whether members of the public would be surprised or offended if Dr Hussain were to be included in the Medical Register, in view of his previous serious misconduct. Furthermore, Mr Taylor asked the Tribunal to consider if the reputation of the medical profession would be damaged, given the comments made in Bolton v The Law Society. In conclusion Mr Taylor submitted that the Tribunal must consider whether Dr Hussain is fit to practise in the light of the statutory over-arching objective and decide whether to grant or refuse the application for restoration.

Submissions on behalf of Dr Hussain

24. Ms O’Rourke QC submitted that if the Tribunal is satisfied as to Dr Hussain’s remorse, insight and remediation such that it does not conclude there is current impairment, it will then have to consider paragraph 92 of General Medical Council v Chandra as set out above in paragraph 9 of the Chair’s legal advice and balance its findings against the three limbs of the overarching objective.
25. Ms O’Rourke QC submitted that the first limb, to protect and promote the health, safety and wellbeing of the public, does not apply in this case. She reminded the Tribunal there is no issue surrounding risk to the public as Dr Hussain has been working in Malta for four years and has kept his medical knowledge and skills up to date by doing a copious amount of CPD activities.

26. Ms O’Rourke QC accepted there were problems in Settle in 2010 because of a lack of knowledge and that there were further problems in Dr Hussain’s next placement which caused him to give up his GP training. She told the Tribunal that Dr Hussain commenced working as a doctor in the UK in 2003 and worked continuously until 2010 when he started his GP training. Ms O’Rourke QC stressed that Dr Hussain had worked for seven years in a hospital setting where no concerns had been raised about his clinical practice. He then started his GP training and worked in Settle where his work was under close scrutiny in an ST1 post.

27. Ms O’Rourke QC stated that Dr Hussain had not previously been subjected to the level of scrutiny and criticism as he was during the material period. Further, he was going through the bereavement process XXX. She submitted that Dr Hussain reacted defensively because he could not understand how he had done so well previously and yet in 2010 was told that he was not performing to the required standard.

28. In respect of the third limb, maintaining proper professional standards and conduct, Ms O’Rourke QC submitted that Dr Hussain did not fully understand the standards required to practise medicine in the UK and that other countries may not cover medical ethics to the same degree. However, she reminded the Tribunal that Dr Hussain had two medical qualifications and a PhD, all obtained from universities within the UK. Ms O’Rourke QC told the Tribunal that Dr Hussain wished to work as a doctor in this country, that his family resided in the UK and he did not want to continue to spend three weeks out of each month travelling to and working in Malta.

29. Ms O’Rourke QC explained that, in 2018, Dr Hussain switched his focus on CPD activities to study ethics, including the completion of two medical ethics courses, a course provided by the University of Auckland on the subject of Academic Integrity, and a clinical boundaries course in June 2018. She referred to the large volume of CPD activities that Dr Hussain has completed and submitted that he has done as much as he can to keep his medical knowledge up to date and to ensure there are no deficiencies in his clinical competence. Ms O’Rourke QC also referred to the insightful witness statement which Dr Hussain has written and produced, in his own words without help from others, as well as the positive multi-source feedback he has obtained from his patients and medical colleagues in Malta.

30. Ms O’Rourke QC submitted that, bearing in mind the work Dr Hussain has been doing in Malta and the vast amount of material he has produced for this hearing, the Tribunal can be satisfied that Dr Hussain’s restoration will not impact adversely on
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public confidence in the profession or indicate that the GMC are not maintaining proper professional standards.

The Tribunal’s Decision

31. The Tribunal has borne in mind that its power to restore a practitioner to the Medical Register in accordance with Section 41 of the Act is a discretionary power. This power is to be exercised in the context of the Tribunal’s primary responsibility to act in accordance with the overarching objective.

32. Whilst the Tribunal has considered the submissions made by both Counsel, the decision as to whether to restore Dr Hussain’s name to the Medical Register is a matter for this Tribunal exercising its own judgement.

33. At the outset, the Tribunal acknowledges that Dr Hussain has kept his medical skills and knowledge up to date, as demonstrated by the substantial evidence of CPD and his work in Malta which has been without incident and has given rise to positive testimonials from colleagues and patients. As such, the Tribunal is satisfied that his medical skills and knowledge are such that he does not pose a risk to patient safety.

34. The Tribunal concentrates on Dr Hussain’s honesty, probity and integrity, as it is these features that led to his erasure and it is his insight and remediation that require detailed assessment when determining whether he has shown that he can be properly restored to the register.

35. Dr Hussain, before the 2013 Panel and the 2019 Tribunal, asserted that his actions were influenced by the fact that he was suffering bereavement, XXX had died shortly after Dr Hussain commenced his GP training, and by the stress caused by his work as a GP being scrutinised and criticised.

36. The Tribunal accepts that this would have been a stressful and unhappy time for Dr Hussain but rejects that this excuses or adequately explains his dishonest behaviour. The fact that he continues to pray in aid of the stress significantly undermines his assertion of adequate insight into his wrongdoing.

37. The Tribunal also took into account the following findings of the Panel:

“The Panel noted that, throughout your evidence, you persisted with and maintained your denigration of colleagues at the Townhead Surgery and the Yorkshire and the Humber Deanery, even in the face of overwhelming evidence that they were actually supporting and assisting you. You said without equivocation that practitioners at the Townhead Surgery were lying, were out to destroy you and were conspiring with the Yorkshire and the Humber Deanery. You even went as far as accusing Dr A of creating a "joint venture" and alleging that he was a racist and discriminatory. Such
accusations are unfounded. Your comments are malicious and were, in the Panel's view, an attempt to hide your own shortcomings. It was not insightful on your part and the Panel views such conduct with significant concern, not least because it has the potential to sully the reputation, practice and integrity of your colleagues but also severely damages the public's confidence in the medical profession.”

38. In his evidence before the Tribunal Dr Hussain was asked whether he had reflected upon the potential consequences of his allegations against his co-workers. It is of significant concern to the Tribunal that he initially answered that they could have complained against him, which demonstrates that now, in 2019, his focus is on the consequences to himself rather than to them. He was asked the question a second time and he stated that it could have affected their jobs. He was asked whether he had considered apologising directly to them and he replied that he had not. His oral evidence demonstrated a significant lack of insight as to the consequences of the malicious slurs he had made in 2013 against his co-workers. Whilst the Tribunal accepts that giving oral evidence is stressful, it noted that Dr Hussain is a highly-qualified and experienced professional and that had he reflected upon the impact on those that he had lied about he would have been able to adequately articulate this when questioned. In any event, his current lack of insight is further demonstrated by the fact that whilst he has asserted general remorse in his lengthy witness statement for these proceedings, there is no reference to the fact that he had falsely made allegations against his co-workers or any details of how he has reflected upon this and how it could have affected them.

39. Dr Hussain stated in his oral evidence that he only first appreciated that his colleagues had not been lying, had not been conspiring against him, and that Dr A had not been racist, upon his appeal to the Court of Appeal being dismissed. He maintained that when he had accused them of abhorrent behaviour at the 2013 Panel, he had genuinely believed this to be the case. The Tribunal does not accept this evidence. It is inconceivable that Dr Hussain would have believed the allegations he was making against his co-workers; for example, he knew as a fact that he had completed multi-source feedback on 2 June 2010 and he knew as a fact that his claim that Healthcare Assistant Ms B was lying about this incident was a dishonest assertion by himself. Further, it is noted that the 2013 Panel concluded that his allegations had been malicious and the Tribunal does not go behind those findings.

40. The Tribunal notes paragraph 11 of Dr Hussain’s witness statement which provides:

11. I have reflected on the lack of insight I showed at the time of my MPTS Fitness to Practise Panel hearing and the subsequent appeals and now realise, with the benefit of hindsight, that my actions were dishonest and I wholeheartedly regret them. I would like to take this opportunity to apologise wholeheartedly for my actions.
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41. The Tribunal, for the same reasons as outlined above, does not accept his evidence that it is only with hindsight that he has appreciated that his actions had been dishonest in 2010. The Tribunal does not go behind the findings of the Panel.

42. The Tribunal found that Dr Hussain failed to satisfactorily explain how or why his position had fundamentally changed. This undermines the submission that he has genuinely changed his view. His current assertions are wholly self-serving and the Tribunal finds that he is simply saying what he believes the Tribunal wishes to hear.

43. At paragraph 16 of his witness statement, Dr Hussain asserts:

16. I can honestly say that prior to attending these courses, completing the reading and the remedial work I have done in relation to probity and honesty, I was entirely unaware of the high standards expected of doctors in the UK. I learned so much on these courses and I can now provide an absolute assurance that nothing of this nature will ever happen again.

44. Again, the Tribunal does not accept this evidence. It is inconceivable that a highly-qualified and experienced professional would be “entirely unaware of the high standard expected of doctors in the UK”. It is noted that he has spent the majority of his working life in the United Kingdom and would have had access to guidance about the standards expected of doctors in the United Kingdom. In any event, it is implausible that he would not have understood the importance of honesty, integrity and probity.

45. The assertion in paragraph 16 is further concerning to the Tribunal given that he states that he was “entirely unaware” and details that this was the case prior to attending relevant courses. The Tribunal notes that he did not attend courses on medical ethics until 2018, over three years after his appeal was ultimately dismissed by the Court of Appeal, and so his evidence indicates that he had failed to appreciate the standards expected of him for a considerable period after those standards had been explicitly stressed to him by the Panel, High Court and Court of Appeal. Further, he worked in Malta and adduced evidence that he was notified in 2015 of their professional standards, which he said were similar to those in place in the UK.

46. The fact that Dr Hussain did not undertake courses on ethics until 2018, and as detailed in submissions by Ms O’Rourke QC this was done upon legal advice, undermines his assertion that it was in 2014 that he accepted and reflected upon his wrongdoing.

47. The Tribunal does give credit for the courses completed, the reflection that is best contained in his witness statement where he gives examples of acting honestly,
the lack of further allegations in practice and his assertions of remorse. The Tribunal finds that there is some evidence of developing insight. For the same reasons, there is some evidence of developing remediation, although the Tribunal notes that it is difficult to remediate dishonesty. His efforts thus far are not sufficient to satisfy the Tribunal that he has adequately remediated.

48. In light of the findings outlined above, particularly the fact that Dr Hussain has submitted written and oral evidence that has been rejected by the Tribunal, his insight and remediation can only be described as developing. He has failed to show that there is no longer a risk of him acting dishonestly. He has failed to show that he is fit to practise.

49. In any event, even had positive findings been made in relation to his insight and remediation, the Tribunal is not satisfied when considering the case overall, despite the passage of time and the public need for competent practitioners of emergency medicine, that restoration would promote and maintain public confidence and proper professional standards.

50. The Tribunal noted that the dishonesty that was found proved, and maintained by higher courts, involved repeated dishonesty over a lengthy period. It constituted, as detailed by the Panel, a “pattern of behaviour”. Rather than accepting his wrongdoing, Dr Hussain challenged the allegation and made significant and foreseeably damaging allegations against his co-workers. Upon the allegations being found proved, he did not accept the findings but sought to appeal both to the High Court and the Court of Appeal. Therefore, not only did he display a pattern of dishonesty in 2010, giving rise to the allegation, but maintained his account up to and including the dismissal of his appeal in 2014. The Tribunal is satisfied that, regardless of the efforts made by Dr Hussain in the meantime, restoration would offend the public so as to undermine public confidence in the medical profession and undermine the promotion and maintenance of proper professional standards and conduct for members of the medical profession.

51. Dr Hussain cannot apply for restoration again until a period of twelve months has passed following his application for restoration made in May 2019.