Record of Determinations –
Medical Practitioners Tribunal

PUBLIC RECORD

Dates: 26/09/2019

Medical Practitioner’s name: Dr Lidia Hristeva

GMC reference number: 5160300

Primary medical qualification: State Exam Med 1982 I. P. Pavlov Higher Medical Institute Plovdiv

Type of case
Outcome on impairment

Review - Deficient professional performance
Impaired

Summary of outcome
Conditions, 9 months
Review hearing directed

Tribunal:

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<th>Legally Qualified Chair</th>
<th>Ms Angela Black</th>
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<td>Lay Tribunal Member:</td>
<td>Mr Philip Geering</td>
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<td>Medical Tribunal Member:</td>
<td>Dr Maria Dyban</td>
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<td>Tribunal Clerk:</td>
<td>Mr David Salad</td>
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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 Paula Clements, Counsel, instructed by direct access</td>
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<tr>
<td>GMC Representative:</td>
<td>Mr Saul Brody, Counsel, instructed by GMC Legal</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.
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 - 26/09/2019

Background

1. Dr Hristeva qualified in 1982 in Bulgaria, where she trained in paediatrics. She began practising in the UK in 1991, and undertook Senior House Officer ('SHO') posts in paediatrics in Birmingham, Croydon and Nottingham. Following a move to Ireland in 1996, she worked in a number of training grade paediatrics posts, before returning to practise in the UK in 2008. Between 2008 and 2014 she carried out a large number of short term paediatric locum posts at middle grade in the UK.

2. Dr Hristeva’s case was referred to the GMC by North Tees & Hartlepool NHS Foundation Trust ('the Trust') after she had been employed as a middle grade paediatric locum at University Hospital North Tees between 17 December 2013 and 16 January 2014. Concerns were raised by the Trust about her knowledge, technical skills, communication, attitude and time management skills. Additionally a complaint was made in relation to her conduct during a period of employment between 3 March 2014 and 13 March 2014 as an SHO at Frimley Park Hospital. The GMC consequently asked her to undergo a Performance Assessment ('the Assessment') in October 2014 and March 2015.

3. As a result of the Assessment, Dr Hristeva's performance was found to be unacceptable in the areas of maintaining professional performance, relationships with patients and working with colleagues. The Assessors also found Dr Hristeva's clinical management and operative/technical skills to be a cause for concern.

March 2018 Tribunal

4. Dr Hristeva's case was first considered by a Medical Practitioners Tribunal in a hearing which concluded in March 2018 ('the First Tribunal'). The First Tribunal considered that Dr Hristeva had no case to answer with regard to allegations relating to her conduct during her employment at Frimley Park Hospital. It moved on to find facts proved regarding Dr Hristeva’s performance at the Assessment and subsequently determined that Dr Hristeva's fitness to practise was impaired by reason of her deficient professional performance. The First Tribunal was concerned that there was limited evidence to suggest that Dr Hristeva had developed insight
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into the deficiencies in her practice. It concluded that Dr Hristeva had not yet remedied the concerns raised by the Assessment.

5. The First Tribunal also noted that Dr Hristeva’s employment had ended at another hospital amid similar concerns in August 2016 and that she has not worked since then.

6. Having considered the mitigating and aggravating features present in Dr Hristeva's case, the First Tribunal determined that a period of nine months’ conditional registration would ensure that patients were protected whilst allowing Dr Hristeva the opportunity to remediate her deficiencies and demonstrate appropriate insight. The First Tribunal acknowledged that there were positive aspects of Dr Hristeva’s practice, noting that she had scored highly on the Knowledge Test element of the Assessment. The conditions imposed included a provision that Dr Hristeva must be directly supervised in all of her posts by a clinical supervisor and that she must not work in any locum post or fixed term contract of less than three months’ duration.

December 2018 Tribunal

7. A Medical Practitioners Tribunal convened to review Dr Hristeva’s case in December 2018 (“the Second Tribunal”). By December 2018, Dr Hristeva had been out of work for over two years, despite repeatedly applying for work since the First Tribunal in March 2018. The Second Tribunal noted that both the GMC and Dr Hristeva’s representative accepted that her fitness to practise remained impaired. It was concerned that Dr Hristeva had been unable to remediate her deficient professional performance or to keep her medical skills up to date.

8. The Second Tribunal noted that Dr Hristeva had undertaken approximately 25-30 courses in relation to her CPD, many of which were targeted towards the concerns raised in the Assessment. It also took into account that, in a reflective statement of November 2018, Dr Hristeva had recognised many of her shortcomings. The Second Tribunal was of the view that Dr Hristeva had demonstrated an acceptance that she must address the concerns raised by the First Tribunal and that there was evidence of her developing insight. However, having taken all of the evidence into consideration, the Second Tribunal determined that Dr Hristeva’s fitness to practise remained impaired by reason of her deficient professional performance.

9. In its consideration of which sanction, if any, to impose, the Second Tribunal determined that a period of conditional registration remained appropriate for the protection of the public, the maintenance of public confidence in the profession, and the promoting and maintaining of proper professional standards and conduct for members of the profession. It decided to impose conditions for a further period of nine months. Accepting that the conditions previously in place upon Dr Hristeva’s
registration had been demonstrated to be unduly restrictive, negatively affecting her attempts to find clinical work, the Second Tribunal determined to reduce the level of supervision to ‘close’ rather than ‘direct’ and reduced the restriction on the minimum duration for locum posts or fixed term contracts to two rather than three months.

10. The Second Tribunal directed that a future Tribunal reviewing the matter would be assisted by:

- a report from Dr Hristeva’s Educational Supervisor setting out the steps she has taken and progress she has made in addressing the concerns set out in the Assessment;
- a copy of her current Personal Development Plan;
- a reflective diary, detailing her developing insight into her deficient professional performance;
- reports from colleagues she has recently worked with; and
- any other material Dr Hristeva thinks may assist a Tribunal in reviewing her case.

Today’s hearing

11. The Tribunal 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 Hristeva’s fitness to practise is impaired by reason of deficient professional performance and whether the practitioner has failed to comply with any requirement imposed upon her as a condition of registration.

The Evidence

12. The Tribunal has taken into account all the documentary evidence received, evidence which included, but was not limited to:

- Records of Determinations of the First and Second Tribunals;
- correspondence between the GMC and Dr Hristeva since the Second Tribunal;
- Dr Hristeva’s Personal Development Plan (‘PDP’) dated 11 April 2019
- reflective statements completed by Dr Hristeva dated 11 April 2019 and 8 June 2019;
- evidence of job applications made by Dr Hristeva;
- job interview feedback material;
- Continuing Professional Development (‘CPD’) certificates and related material;
- documents relating to Dr Hristeva’s unsuccessful application to the GMC (made on 14 June 2019) for an early review of her case;
- documents relating to Dr Hristeva’s locum post as a Middle Grade Neonatologist in Plovdiv, Bulgaria from 5 August – 5 September 2019

Submissions

13. On behalf of the GMC, Mr Brody, Counsel, submitted that, on the evidence before the Tribunal, Dr Hristeva’s fitness to practise remains impaired by deficient professional performance. He stated that the GMC conceded that Dr Hristeva has undertaken extensive CPD work to maintain her medical knowledge including online learning and continued reading, and has also submitted a PDP which has been approved by her Responsible Officer. He reminded the Tribunal that, despite these efforts, Dr Hristeva has been unable to complete matters raised in her PDP as she has not been engaged in clinical practice in the UK. He referred the Tribunal to Dr Hristeva’s reflective statements, stating that included within these is mention of what she perceives to be problems with the Performance Assessment process. He submitted that this illustrated Dr Hristeva’s lack of full insight.

14. Mr Brody drew the Tribunal’s attention to interview feedback received by Dr Hristeva in relation to unsuccessful job applications, telling the Tribunal that amongst this feedback was a recommendation that she should focus on concise replies during interviews rather than on her current predicament. He submitted that the one month locum position undertaken by Dr Hristeva in Bulgaria was insufficient, without further evidence, to demonstrate the full level of remediation and insight required to persuade the Tribunal that her fitness to practise is no longer impaired.

15. On behalf of Dr Hristeva, Ms Clements, Counsel, invited the Tribunal to take into account the combination of background work completed by Dr Hristeva, particularly the targeted CPD and academic reading coupled with with the period of time she spent in practice in Bulgaria. She submitted that Dr Hristeva is much further advanced ‘along the road’ to full remediation than at the Second Tribunal hearing. She stated that Dr Hristeva has shown her insight through her targeted reading and undertaking everything outside clinical practice to remediate as far as possible. She submitted that the Tribunal may consider whether a combination of those factors allows it to conclude that Dr Hristeva is no longer impaired to a level which necessitates that she practises with restrictions on her registration.

16. Ms Clements stated that the fact that Dr Hristeva has been unable to obtain a post in the UK despite the considerable efforts she had evidenced, added weight to the view of Dr Hristeva’s Responsible Officer, Dr A, that any doctor trying to gain clinical employment with a condition necessitating close supervision would have ‘extreme problems’ doing so. She stated that Dr Hristeva has been as proactive as possible in terms of seeking clinical experience in the UK, and although she has been unsuccessful in obtaining any, she has managed to get some clinical practice in Bulgaria. She submitted that Dr Hristeva deserves ‘huge credit’ for her lateral
thinking which has enabled her to attend today with evidence of her performance in a workplace environment.

**The Relevant Legal Principles**

17. 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 she would be safe to return to unrestricted practice.

18. This Tribunal must determine whether Dr Hristeva’s fitness to practise is impaired today, taking into account her 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**

19. The Tribunal has taken into account the history of the case, including the outcome of the Assessment and the findings of the First and Second tribunals. It noted that the specific areas of concern identified by the Performance Assessors in Dr Hristeva’s case were ‘Unacceptable’ findings in relation to her maintaining professional performance, relationships with patients and working with colleagues, along with ‘cause of concern’ findings in relation to Dr Hristeva’s clinical management and operative/technical skills.

20. With regard to Dr Hristeva’s attempts to remediate her medical knowledge and skills since the Second Tribunal hearing of December 2019, it was to her credit that she has completed a significant number of courses and done a great deal of academic reading. However, the issue remains that she has not undertaken clinical work in the UK; she has not practised and therefore has not demonstrated, in a clinical setting, remediation of the deficient professional performance identified in her case.

21. The Tribunal was satisfied that there has been no wilful breach of conditions on Dr Hristeva’s part. She has undoubtedly made strenuous efforts to find locum and/or fixed term contract work without success. The Tribunal accepted that she has been unsuccessful in so doing at least partially due to the requirement for her to practise under close clinical supervision and due to the minimum duration (two months) for any locum and fixed term posts she wishes to undertake. This has contributed to a situation in which she has not worked in a clinical capacity in the UK for three years.

22. The Tribunal took fully into account the locum placement in Neonatology Dr Hristeva undertook in Bulgaria, and the positive reference supplied by Dr B, the Clinical Director of the Neonatal Department in which she worked. It accepted that
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this was evidence of some progress in terms of Dr Hristeva actively seeking to address the issues identified in her practice in a clinical environment. In addition, it was of the view that this experience, along with Dr Hristeva’s considerable efforts to maintain and develop her clinical knowledge through courses and reading, demonstrated her developing insight and willingness to remediate. This post was for only a month, and in Bulgaria rather than the UK. Whilst Bulgaria is an EU country and has a regulatory system, doctors working there are not subject to the provisions of Good Medical Practice, according to which Dr Hristeva’s professional performance was found to be deficient.

23. The Tribunal has not heard oral evidence from Dr Hristeva. Whilst the Tribunal accepted that it is her right to decide not to give oral evidence, this has deprived the Tribunal of an opportunity to evaluate her evidence as fully as might otherwise be the case.

24. Having taken all of these matters into account, the Tribunal was not satisfied that Dr Hristeva has demonstrated that she has remediated her practice to the stage that the risk of repetition of deficient professional performance has been significantly reduced. Although it took encouragement from her activities since December 2018, the Tribunal was not reassured that she has addressed all of the deficiencies identified. In particular, the evidence is not sufficient for a finding that Dr Hristeva has applied, or would apply, to her clinical practice all that she has learned from her reading and study. The Tribunal finds there remains a risk of repetition of the deficient performance identified by the First Tribunal.

25. In these circumstances, the Tribunal considered that a finding that Dr Hristeva’s fitness to practise remains impaired was necessary 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 the profession.

26. The Tribunal has therefore determined that Dr Hristeva’s fitness to practise remains impaired by reason of deficient professional performance.

Determination on Sanction - 26/09/2019

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

The Evidence
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2. 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 Hristeva’s registration. The Tribunal received no further evidence at the sanction stage.

Submissions

3. On behalf of the GMC, Mr Brody, Counsel, submitted that the appropriate sanction in this case was a continuation of an order of conditions. He stated that the GMC was sympathetic to the predicament in which Dr Hristeva finds herself, having been unable to secure a clinical post in the UK for some three years, through which she might be able to demonstrate remediation and further insight. He submitted that, notwithstanding there ought not to be a relaxation of conditions in order to facilitate the obtaining of a clinical post where such a step may compromise patient safety.

4. Mr Brody said that there are no exceptional circumstances in the case which could justify taking no action. He invited the Tribunal to impose a further period of conditional registration, maintaining the current level of ‘close’ supervision and the prohibition on Dr Hristeva taking up locum and fixed term posts of less than two months in duration. He said that, due to the length of time that Dr Hristeva has spent out of clinical practice and the lack of opportunity to demonstrate remediation in clinical practice, he did not invite the Tribunal to reduce this two-month restriction.

5. On behalf of Dr Hristeva, Ms Clements invited the Tribunal to impose a varied schedule of conditions on Dr Hristeva’s registration. She submitted that, in the light of Dr Hristeva’s difficulty securing a clinical post under the current conditions and the success of her recent locum post in Bulgaria, the Tribunal could vary some of the conditions. Dr A had attested to the unworkability of some of the conditions. She stated that a condition providing the lower level of supervision rather than ‘close’ supervision would still see Dr Hristeva supported by a clinical and an educational supervisor, along with a workplace reporter, but would enable her to take employment. Further she stated that all staff would be aware of the results of her Performance Assessment. There would be a framework for patient safety. The GMC and Dr Hristeva’s Responsible Officer would be informed of her practice. She invited the Tribunal to reduce the minimum duration of locum or fixed term placements to a period of two weeks, submitting that this would ‘markedly increase’ Dr Hristeva’s opportunities to return to work via this route without compromising patient safety. She stated that this reduced period would still allow for meetings with her clinical supervisor as mandated by the conditions. She submitted that it would be proportionate for the Tribunal to reduce the previous length of the order to a duration of fewer than nine months.

The Tribunal’s Determination
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6. The decision as to the appropriate sanction, if any, to impose in this case is a matter for this Tribunal exercising its own judgement.

7. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance (February 2018) (‘the 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 they may have a punitive effect.

8. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Hristeva’s interests with the public interest. It has taken account of the over-arching objective, which includes the protection of the public, the maintenance of public confidence in the profession, and the promoting and maintaining of proper professional standards and conduct for members of the profession.

No action

9. The Tribunal first considered whether to conclude Dr Hristeva’s case by taking no further action with regard to her registration. The Tribunal has already determined that Dr Hristeva’s fitness to practise remains impaired by reason of her deficient professional performance. It determined that, in the absence of any exceptional circumstances, it would be inappropriate to conclude this case by taking no action.

Conditions

10. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Hristeva’s registration. It has borne in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

11. The Tribunal was satisfied that Dr Hristeva has the required level of insight to comply with conditions and that a further period of conditional registration was the most appropriate method of addressing the deficient professional performance identified in her case.

12. The Tribunal paid close attention to the submissions of both Counsel with regard to the level of supervision required and the restriction on Dr Hristeva undertaking locum or fixed terms posts of a specified duration. It determined that it remains necessary for the supervision to remain ‘close’. It noted that the Performance Assessors concluded that close supervision was required in March 2015. Since that time, Dr Hristeva has spent only one month in clinical practice in Bulgaria and the Tribunal has received only limited evidence from Dr Hristeva and Dr B on the matter. The Tribunal has seen no feedback from patients or colleagues since that performance assessment was completed. Whilst the Tribunal has borne in mind the difficulties that the conditions have caused Dr Hristeva, its overarching
objective is to protect the public as set out in paragraph 21 of the SG which states as follows:

21 However, once the tribunal has determined that a certain sanction is necessary to protect the public (and is therefore the minimum action required to do so), that sanction must be imposed, even where this may lead to difficulties for a doctor. This is necessary to fulfil the statutory overarching objective to protect the public.

13. The Tribunal accepts that the terms of the conditions are a material factor in Dr Hristeva’s failure to find locum and fixed term contract work. However, the evidence also refers to her lack of recent clinical experience and interview skills as reasons for her failure to find employment. This could be addressed by other means such as short term clinical attachments which would not be in breach of her conditions. The Tribunal cannot therefore accept the submission that the current conditions are unworkable.

14. The Tribunal considered that the overarching objective could be undermined by permitting Dr Hristeva to work under a reduced level of supervision at this stage given her lack of recent clinical experience. It considered that two months should remain the correct minimum duration for any locums or fixed term contracts. This is less than the period recommended by the Performance Assessors. Such a period will ensure that any return to practice by Dr Hristeva will enable the provision of support by a consistent set of supervisors for a reasonable period.

15. In all the circumstances, the Tribunal determined that a period of conditional registration remains appropriate for the protection of the public, the maintenance of public confidence in the profession, and the promoting and maintaining of proper professional standards and conduct for members of the profession. The Tribunal did not consider that suspension was necessary or proportionate in the circumstances of this case.

16. The Tribunal has made a technical variation to the conditions in order to reflect the new conditions bank. In addition it has included mention of clinical attachments as part of condition 1 as set out above. The Tribunal has determined to impose conditions on Dr Hristeva’s registration as follows:

1. She must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:
   a. the details of her current post (including clinical attachments), including:
      i. her job title
ii her job location

iii her responsible officer (or their nominated deputy)

b the contact details of her employer and any contracting body, including her direct line manager

c any organisation where she has practising privileges and/or admitting rights

d any training programmes she is in

e of the contact details of any locum agency or out of hours service she is registered with

2 She must personally ensure the GMC is notified:

a of any post she accepts, before starting it

b that all relevant people have been notified of her conditions, in accordance with condition 11

c if any formal disciplinary proceedings against her are started by her employer and/or contracting body, within seven calendar days of being formally notified of such proceedings

d if any of her posts, practising privileges, or admitting rights have been suspended or terminated by her employer before the agreed date within seven calendar days of being notified of the termination

e if she applies for a post outside the UK.

3 She must allow the GMC to exchange information with any person involved in monitoring her compliance with her conditions.

4 a She must have a workplace reporter appointed by her responsible officer (or their nominated deputy).

b She must not work until:

i her responsible officer (or their nominated deputy) has appointed her workplace reporter
ii she has personally ensured that the GMC has been notified of the name and contact details of her workplace reporter.

5 a She must design a Personal Development Plan (PDP), with specific aims to address the deficiencies in the following areas of her practice:

- Maintaining competence
- Communication skills
- Safeguarding

b Her PDP must be approved by her responsible officer (or their nominated deputy).

c She must give the GMC a copy of her approved PDP within three months of these substantive conditions becoming effective.

d She must give the GMC a copy of her approved PDP on request.

e She must meet with her responsible officer (or their nominated deputy), as required, to discuss her achievements against the aims of her PDP.

6 a She must have an educational supervisor appointed by her responsible officer (or their nominated deputy)

b She must not work until:

i her responsible officer (or their nominated deputy) has appointed her educational supervisor

ii she has personally ensured that the GMC has been notified of the name and contact details of her educational supervisor.

7 She must personally ensure her performance assessment report dated 21 May 2015 is shared with:

a her responsible officer (or their nominated deputy)

b the responsible officer of the following organisations:

i her place(s) of work, and any prospective place of work (at the time of application)
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ii all of her contracting bodies, and any prospective contracting body (prior to entering a contract)

iii any organisation where she has, or has applied for, practising privileges and/or admitting rights (at the time of application)

iv any locum agency or out of hours service she is registered with

v if any organisation listed at i) – iv) does not have a responsible officer, she must notify the person with responsibility for overall clinical governance within that organisation. If she is unable to identify the correct person, she must contact the GMC for advice before working for that organisation.

c her immediate line manager and senior clinician (where there is one) at her place of work, at least 24 hours before starting work (for current and new posts, including locum posts)

d her workplace reporter and educational supervisor and clinical supervisor.

8 She must get the approval of the GMC before working in a non-NHS post or setting.

9 a She must be closely supervised in all of her posts by a clinical supervisor, as defined in the Glossary for undertakings and conditions. Her clinical supervisor must be approved by her responsible officer (or their nominated deputy).

b She must not work until:

i her responsible officer (or their nominated deputy) has appointed her clinical supervisor and approved her supervision arrangements

ii she has personally ensured that the GMC has been notified of the name and contact details of her clinical supervisor and her supervision arrangements.

10 She must not work in any locum post or fixed term contract of less than two months’ duration.
11. She must personally ensure the following persons are notified of the conditions listed at 1 to 10:

   a. her responsible officer (or their nominated deputy)
   b. the responsible officer of the following organisations:
      i. her place(s) of work, and any prospective place of work (at the time of application)
      ii. all of her contracting bodies and any prospective contracting body (prior to entering a contract)
      iii. any organisation where she has, or has applied for, practising privileges and/or admitting rights (at the time of application)
      iv. any locum agency or out of hours service she is registered with
      v. if any of the organisations listed at (i to iv) does not have a responsible officer, she must notify the person with responsibility for overall clinical governance within that organisation. If she is unable to identify that person, she must contact the GMC for advice before working for that organisation.

   c. her immediate line manager and senior clinician (where there is one) at her place of work (including the site of her clinical attachment), at least 24 hours before starting work (for current and new posts, including locum posts).

17. The Tribunal determined to impose the conditions on Dr Hristeva’s registration for a further period of nine months. In deciding the duration, the Tribunal took into account the time required for Dr Hristeva to seek and find employment, receive feedback and provide evidence to demonstrate that she is making considerable steps to remediate the deficiencies in her medical practice.

18. The Tribunal notes Dr Hristeva has not undertaken any clinical attachments. These could be a useful way of reintroducing her to clinical duties. Dr Hristeva may find it useful to have regard to the GMC’s Guidance on clinical attachments. For the avoidance of doubt, it is only locum posts and fixed term contracts which are limited to two months’ duration pursuant to the conditions imposed on her registration. Clinical attachments are not so limited.

Review hearing directed
19. The Tribunal has directed that, shortly before the end of the period of conditional registration, Dr Hristeva’s case should be reviewed by a Medical Practitioners Tribunal. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Hristeva to demonstrate how she has taken steps to remediate her deficient professional performance. It considered that a future Tribunal reviewing this matter would be assisted by:

- a report from Dr Hristeva’s Educational Supervisor setting out the steps she has taken and progress she has made in addressing the concerns set out in the Assessment;
- a copy of her current Personal Development Plan;
- a reflective diary, detailing her developing insight into her deficient professional performance;
- reports from colleagues she has recently worked with;
- evidence of attendance on any clinical attachments undertaken (if any) together with feedback (if any) from her attachment supervisor; and
- any other material Dr Hristeva thinks may assist a Tribunal in reviewing her case.

20. The MPTS will send Dr Hristeva a letter informing her of her right of appeal and when the direction and the new sanction will come into effect. The current order of conditions will remain in place during the appeal period.

Confirmed
Date 26 September 2019 Ms Angela Black, Chair