**Record of Determinations – Medical Practitioners Tribunal**

**PUBLIC RECORD**

**Dates:** 08/03/2019

**Medical Practitioner’s name:** Dr Neimat MOHAMED

**GMC reference number:** 4362526

**Primary medical qualification:** Doctor - Medic 1981 Bucharest

**Type of case**

- Outcome on impairment: Not Impaired

**Summary of outcome**

- Conditions revoked

**Tribunal:**

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<tr>
<td>Legally Qualified Chair</td>
<td>Miss Tarryn McCaffrey</td>
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<tr>
<td>Lay Tribunal Member</td>
<td>Mrs Debbie Hill</td>
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<tr>
<td>Medical Tribunal Member</td>
<td>Dr Nigel Langford</td>
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<td>Tribunal Clerk</td>
<td>Miss Jan Smith</td>
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**Attendance and Representation:**

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<td>Medical Practitioner:</td>
<td>Present and represented</td>
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<tr>
<td>Medical Practitioner’s Representative:</td>
<td>Mr Tom Day, Counsel, instructed by RadcliffesLeBrasseur,</td>
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<td></td>
<td>Solicitors</td>
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<tr>
<td>GMC Representative:</td>
<td>Ms Janet Ironfield, 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.

Determination on Impairment - 08/03/2019

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

Background

2. Dr Mohamed’s case was first considered by a Tribunal which concluded on 2 March 2018 (‘2018 Tribunal’). Dr Mohamed began working at the Woolstone Medical Centre (‘the Practice’) in April 2004. At the time of the events in question, Dr Mohamed was working as a salaried GP at the Practice and was also working as an out of hours GP at SELDOC until July 2016.

3. The allegation that led to Dr Mohamed’s 2018 hearing related to concerns which arose from her examination, assessment and treatment of Patient A and her failings in record keeping in respect of this patient. It was also alleged that, on 31 May 2016, Dr Mohamed altered Patient A’s notes in a manner that was false and therefore dishonest. However, the 2018 Tribunal did not find that Dr Mohamed had acted dishonestly.

4. Patient A wrote a letter of complaint to the Practice on 22 June 2016. On 21 July 2016, a meeting was held between the Associate Medical Director for NHS England and Dr Mohamed to discuss the concerns that were raised.

5. The 2018 Tribunal found that, in relation to adequate history taking and assessment, Dr Mohamed had failed in her fundamental duties and thus had breached a number of the principles set out in Good Medical Practice. It was of the view that taking an appropriate and adequate history is the foundation and bedrock of good medical practice. It was also of the opinion that a doctor cannot complete a proper assessment and diagnosis without taking an adequate history of a patient. The 2018 Tribunal concluded that Dr Mohamed’s history taking and communications were wholly inadequate and insufficient to have properly addressed Patient A’s concerns. It determined that her failures in this regard amounted to serious misconduct.

6. The 2018 Tribunal considered that Dr Mohamed’s record keeping fell seriously below the standard expected of a reasonably competent GP in not maintaining adequate and accurate clinical records. As a result, it determined that Dr Mohamed’s wholly inadequate record keeping constituted serious misconduct.
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7. Having found that Dr Mohamed’s consultation with Patient A was seriously
deficient in a number of respects, and therefore a risk to patient safety with the
potential to bring the medical profession into disrepute, the 2018 Tribunal
considered that this amounted to impairment of her fitness to practise. It recognised
that Dr Mohamed had demonstrated good insight into her misconduct and her CPD
activities had gone some way towards remediation. However, the 2018 Tribunal
considered there remained a potential risk of repetition and hence a risk to public
safety. It was of the view that public confidence would be undermined if
Dr Mohamed’s professional deficiencies were not marked with a finding of
impairment. Therefore, the 2018 Tribunal determined that Dr Mohamed’s fitness to
practise was impaired by reason of her misconduct.

8. The 2018 Tribunal next considered what sanction, if any, to impose on
Dr Mohamed’s registration. In the light of its findings on facts and impairment, the
2018 Tribunal concluded that there were no exceptional circumstances and it would
not be sufficient, proportionate or in the public interest to take no action in
Dr Mohamed’s case.

9. The 2018 Tribunal went on to consider whether it would be sufficient to impose
conditions on Dr Mohamed’s registration. It was satisfied that there was no evidence
of repetition since the events of 2016. Further, it noted that the index event was a
single consultation with a single patient on a single day in an otherwise long and
unblemished career. The 2018 Tribunal acknowledged that Dr Mohamed had
developed insight into her misconduct, but it remained concerned that, in relation to
her assessment, communication and record keeping skills, she needed to
demonstrate further progress.

10. The 2018 Tribunal determined that the imposition of conditions on
Dr Mohamed’s registration for a period of 12 months was an appropriate, necessary
and proportionate sanction which would adequately uphold and maintain proper
professional standards, protect patient safety and uphold the wider public interest.

11. The 2018 Tribunal directed a review of Dr Mohamed’s case and emphasised
that at the review hearing the onus would be on Dr Mohamed to demonstrate how
she has remediated her deficiencies. It considers that the Tribunal reviewing her
case would be assisted by receiving the following:

- Reports from her Educational and Clinical Supervisors;
- A copy of her Personal Development Plan with evidence that she has
  addressed those areas of her practice identified by this Tribunal as inadequate;
- Evidence that demonstrates that she has reflected on this Tribunal’s
  findings and the effect that this has had on her insight.
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Today’s Review Hearing

12. This Tribunal has convened to review Dr Mohamed’s case. It has considered, under Rule 22(1)(f) of The General Medical Council (Fitness to Practise) Rules 2004 (as amended), whether her fitness to practise is currently impaired by reason of her misconduct.

Evidence

13. The Tribunal has had regard to all the documentary evidence provided. It has taken into account the submissions made by Ms Ironfield, Counsel, on behalf of the GMC, and those made by Mr Day, Counsel, on behalf of Dr Mohamed.

Documentary Evidence

14. The Tribunal has taken account of the evidence provided, which includes, but is not limited to:

- Determinations of the 2018 Tribunal;
- An approved Personal Development Plan (PDP);
- Educational supervision reports from Dr C dated 12 July 2018, 3 December 2018, 28 January 2019 and 18 February 2019;
- Workplace and clinical supervision reports from Dr D dated 23 July 2018, 8 January 2019 and 18 February 2019;
- Dr Mohamed’s reflective statements;
- CPD certificates to 19 February 2019;
- Testimonial letters from colleagues at the Woolstone Medical Centre and SELDOC;
- Correspondence between Dr Mohamed and the GMC and between RLB Law and the GMC.

15. The Tribunal has had regard to the regular educational supervision reports provided by Dr C, a GP Partner, dated from 12 July 2018. In her most recent report, dated 18 February 2019, Dr C confirmed that she has been acting as Dr Mohamed’s Educational Supervisor since April 2018, in accordance with condition 6 of those imposed on Dr Mohamed’s registration. Dr C stated that Dr Mohamed devised a suitable PDP to address the identified learning needs which has been reviewed and approved by her Responsible Officer. She confirmed that Dr Mohamed has met with her for educational supervision for approximately 2 hours per month since April 2018.

16. Dr C stated that Dr Mohamed has engaged enthusiastically and has worked hard to cover all the aspects of her PDP, exceeding the requirements for numbers of cases. Dr C confirmed that Dr Mohamed has completed all aspects of the approved PDP. She stated that the quality of Dr Mohamed’s consultations was good, with appropriate use of verbal and non-verbal communication, there was evidence of a
good rapport being formed in each case and her history taking was full. Dr C had used case-based discussions to examine the depth and quality of Dr Mohamed’s reflection and had noted improvement over the course of the educational supervision sessions.

17. Dr C concluded that, based on the work she has done with Dr Mohamed and the evidence provided, she has no concerns regarding Dr Mohamed’s fitness to practise.

18. The Tribunal has also had regard to the reports from Dr D, Lead General Practitioner at the Broad Street Medical Centre in Dagenham. Dr D is Dr Mohamed’s workplace reporter and clinical supervisor. In his report, dated 8 January 2019, Dr D reported that Dr Mohamed works 4 sessions every week under supervision and that she works hard to achieve her goals of being a safe and competent clinician with high levels of insight, integrity and patient safety.

19. Dr D stated that Dr Mohamed has shown honesty and professional integrity during her work at the surgery which is in an inner-city area with diverse multicultural patients with differing patient ideas, concerns and expectations. He reported that Dr Mohamed has coped well with the difficulties encountered in dealing with these patients. In Dr D’s view, Dr Mohammed has clearly shown that she is a competent and safe clinician and is committed to her learning and development. Dr D also reported that Dr Mohamed has shown good team spirit, is pleasant and a hard worker and he is happy to continue to help her further improve her clinical practice to uphold and maintain high levels of patient safety and care.

20. In his latest report, dated 18 February 2019, Dr D stated that he had continued to work with Dr Mohamed in all areas of her clinical practice including the areas of clinical expertise, verbal and written communication, empathy and sensitivity, professional integrity, problem solving and organisation skills, probity and learning and development. He reported that Dr Mohamed continues to show good team working spirit and is part of a team of doctors at the practice delivering high levels of clinical care. Dr D stated that Dr Mohammed is an important and valuable member of the clinical team at the surgery who has worked hard to achieve such a high level of clinical practice. In conclusion, Dr D stated that he has no concerns about Dr Mohamed’s fitness to practise.

21. The Tribunal has taken account of the reflective statements made by Dr Mohamed, which are extensive and detailed. In her statement, dated 2 March 2018, Dr Mohamed described how she has reflected on the events which brought her to the attention of the GMC and resulted in the imposition of conditions on her registration. She said her experience of being under investigation by her professional regulator has been a salutary lesson and she has recognised and accepted her failures in her treatment of Patient A.
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22. Dr Mohamed stated that, as a result of her reflection, she has made several changes to her practice including undertaking a complete audit cycle of consultations using criteria agreed with her educational supervisor. Dr Mohamed reported that she is now more patient-centred, the quality of her reflection has improved and she reviews her practice continually using case-based discussion. Dr Mohamed commented that her experience has been a difficult episode in her career but it has also helped her to be a better clinician who enjoys her work more.

23. The Tribunal has noted the CPD activities that Dr Mohamed has undertaken which include relevant courses in Building Professional Relationships, Presenting Skills, Cultural Communications and Dealing with Conflict.

24. The Tribunal has also taken into account the positive testimonial evidence provided by Dr Mohamed’s professional colleagues from the GP practices in which she has worked and from SELDOC where Dr Mohamed worked as a sessional GP from 7 January 2006 to 24 July 2016. In particular it has noted the letter, dated 15 February 2019, from Mr B, Operations Manager of the Prime Practice Partnership which includes the Broad Street Medical Centre. In his letter Mr B stated that Dr Mohamed has been part of the practice for more than a year and has integrated well. In his view, Dr Mohamed has integrated so well and has become a valuable member of the team to the extent that she has been invited to join the practice on a permanent basis.

GMC Submissions

25. Ms Ironfield did not make any specific submissions on impairment of fitness to practise, but told the Tribunal that the General Medical Council was neutral on this issue.

Submissions on behalf of Dr Mohamed

26. Mr Day reminded the Tribunal that it has been at least three years since the events in question which represented a single incident in four decades of unblemished practice. He submitted that not only has there been a significant passage of time but there has been considerable remediation, significant insight and deep reflection on Dr Mohamed’s part. It was Mr Day’s contention that the most telling aspect of Dr Mohamed’s reflections has been where she has stated that her experiences of 2016 have made her a better doctor which indicates the constructive way in which she has approached this matter to show that her fitness to practise is no longer impaired.

27. Mr Day referred to the CPD certificates Dr Mohamed has provided and submitted that they are highly relevant to the issues of assessment, communication and record keeping. He also referred to the reports of Dr C who had initial concerns but has worked with Dr Mohamed as her educational supervisor and has since noted the
improvement in Dr Mohamed’s clinical practice. Mr Day reminded the Tribunal that Dr C now has no concerns relating to Dr Mohamed’s fitness to practise.

28. Mr Day also referred to the reports from Dr D, Dr Mohamed’s clinical supervisor, who has written detailed accounts of her progress and who now considers her to be a hard-working and competent practitioner.

29. In relation to the reflective pieces that Dr Mohamed has provided, Mr Day submitted that Dr Mohamed has reflected deeply on her previous failures and has taken advantage of the opportunity to improve those areas of her clinical practice.

30. Mr Day submitted that there are no current fitness to practise issues in Dr Mohamed’s case and, therefore, her fitness to practise is no longer impaired.

Relevant Legal Principles

31. The Tribunal reminded itself that at a review hearing, the persuasive burden falls upon the doctor to show how his/her conduct has been remediated, in order to demonstrate that he/she is no longer impaired. The decision as to whether Dr Mohamed’s fitness to practise remains impaired is a matter for this Tribunal alone, exercising its own judgment.

32. The Tribunal must determine whether Dr Mohamed’s fitness to practise is impaired today. In so doing, it has taken into account her conduct at the time of the allegations, whether the misconduct is remediable, has been remediated and is highly unlikely to be repeated.

33. Throughout its deliberations, the Tribunal has borne in mind the statutory overarching objective, 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.

The Tribunal’s Decision

34. The Tribunal has considered carefully all the evidence provided to it which demonstrates the steps taken by Dr Mohamed to understand, reflect on and address her misconduct. The Tribunal is satisfied that Dr Mohamed accepts the deficiencies in her clinical practice during her consultation with Patient A and has reflected honestly and extensively on her previous failures. It has taken into account the latest
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reports of her educational and clinical supervisors which indicate that they have no concerns relating to Dr Mohamed’s clinical practice.

35. The Tribunal has had regard to the reflective log that Dr Mohamed has provided and noted her recognition of the impact her conduct had on Patient A and on Patient A’s family and her apologies to all of them. It acknowledged that Dr Mohamed understands where she went wrong and that she has worked hard to improve her clinical practice and remedy the previously identified deficiencies.

36. The Tribunal is of the view that Dr Mohamed has demonstrated sufficient insight into her misconduct. It considers that a reasonable and well-informed member of the public, if provided with all the information before this Tribunal, would be satisfied with the steps Dr Mohamed has taken to remediate her conduct. The Tribunal recognises that it is in the public interest to return competent doctors to work wherever possible. In all these circumstances, the Tribunal is satisfied that Dr Mohamed is safe to return to unrestricted practice. It has also satisfied that public confidence in the medical profession would not be undermined if a finding of impairment was not made in this case.

37. Accordingly, the Tribunal has determined that Dr Mohamed’s fitness to practise is no longer impaired by reason of her misconduct.

38. In the light of its finding that her fitness to practice is no longer impaired, the Tribunal has determined to revoke the order of conditions on Dr Mohamed’s registration with immediate effect, in accordance with section 35D(12) of the Medical Act 1983 (as amended).

39. That concludes Dr Mohamed’s case.

Confirmed
Date 08 March 2019
Miss Tarryn McCaffrey, Chair