Record of Determinations – Medical Practitioners Tribunal

PUBLIC RECORD

Dates: 12/08/2019 - 15/08/2019

Medical Practitioner’s name: Dr Umar IMRANI

GMC reference number: 7419564

Primary medical qualification: MB ChB 2013 University of Leicester

Type of case
New - Misconduct

Outcome on impairment
Impaired

Summary of outcome
Conditions, 12 months.
Review hearing directed
Immediate order imposed

Tribunal:

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<th>Role</th>
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<tr>
<td>Medical Tribunal Member (Chair)</td>
<td>Miss Gillian Temple-Bone</td>
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<tr>
<td>Lay Tribunal Member:</td>
<td>Mr Andrew Waite</td>
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<td>Medical Tribunal Member:</td>
<td>Dr Michael Morton</td>
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<th>Role</th>
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<tr>
<td>Tribunal Clerk:</td>
<td>Ms Chloe Ainsworth</td>
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<td>Ms Fiona Johnston</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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<td>Medical Practitioner’s Representative:</td>
<td>Mr Mark Ainsworth, Counsel, instructed by RadcliffesLeBrasseur Solicitors.</td>
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<tr>
<td>GMC Representative:</td>
<td>Mr Peter Warne, 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 partly in public and partly in private.

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 Facts and Impairment - 14/08/2019
1. This determination will be read in private. However, as this case concerns Dr Imrani’s misconduct, a redacted version will be published at the close of the hearing XXX.

Background
2. Dr Imrani qualified in 2014 and at the time of the events was practising as a GP (‘General Practitioner’) ST (‘Specialty Trainee’) 2 speciality registrar in Health Education West Midlands. He began his core training in August 2016 at the St Helens and Knowsley Teaching Hospital NHS Trust (‘the Trust’) and on 2 August 2017 he was posted to the Meadowside Family Health Centre (‘the Centre’) for his first placement in general practice. This placement was due to conclude on 6 February 2018 and prior to its conclusion Dr Imrani had to attend a review meeting with his educational supervisor on 12 January 2018. Before this meeting, Dr Imrani had to submit 40 patient satisfaction questionnaires (‘PSQs’). However, as he was on annual leave from 2 until 11 January 2018, Dr Imrani had to obtain the requisite amount of PSQs by 29 December 2017, his last working day. Prior to his annual leave, Dr Imrani was only able to obtain 37 completed PSQs. On 9 January 2018, he completed a further five PSQs himself and submitted them, purporting them to be completed by his patients.

3. On 15 January 2018, in a conversation with Dr A, Dr Imrani’s clinical supervisor, Dr A challenged him about when the five PSQs were completed. During the same conversation, Dr Imrani initially said they were completed before he had gone on holiday, but then admitted that he had completed five of the PSQs himself. The Trust arranged a disciplinary hearing in which it was agreed that a referral to the GMC was required. Dr Imrani’s responsible officer completed a referral to the GMC on 22 June 2018.
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4. It is alleged that during the course of Dr Imrani’s training programme he provided those supervising him with false or untrue information: It is alleged that Dr Imrani made and submitted a number of untrue PSQs in support of his Trainee e-portfolio. It is also alleged that Dr Imrani knew his actions to be untrue, and that he acted dishonestly.

The Allegation and the Doctor’s Response

5. The Allegation made against Dr Imrani is as follows:

**Paragraph One**
On or around 9 January 2018, you submitted five Patient Satisfaction Questionnaires in support of your Trainee e-portfolio which you:

a. purported had been completed by patients;

b. knew had been completed by you.

Admitted and found proved (in its entirety)

**Paragraph Two**
Your conduct as set out at paragraph 1a was dishonest by reason of paragraph 1b. Admitted and found proved

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. To be determined

The Admitted Facts

6. At the outset of these proceedings, through his counsel, Mr Ainsworth, Dr Imrani made full admissions to the paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (‘the Rules’). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

Impairment

7. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Imrani’s fitness to practise is impaired by reason of misconduct.
The Evidence

8. The Tribunal took account of all the evidence it received throughout the hearing, both oral and documentary.

9. The documentary evidence provided by parties included, but was not limited to:

- Referral to the GMC, dated 22 June 2018;
- PSQs, dated various;
- Professional Development Plan ('PDP');
- Certificate of Completion for Ethics in General Practice, dated 14 July 2019;
- Certificate of Completion for e-learning module the Challenge of Probity, dated 27 January 2018;

10. The Tribunal received evidence on behalf of the GMC from the following witness:

- Dr A, GP Principal at GPS Healthcare in Solihull and Clinical Supervisor, in person.

11. Dr Imrani provided his own witness statements, dated 13 June 2019 and one which was undated. He also gave oral evidence at the hearing. In addition, the Tribunal received evidence from the following witness on Dr Imrani’s behalf:

- Dr B, GP Trainer and Appraiser at Church Road Surgery, in person.

12. The Tribunal also received, in support of Dr Imrani, two reflective statements by him, one dated 19 January 2018 and one prepared last week, a reflective statement on attending a three-day ethics course, six testimonials from colleagues and professionals, all of which it has read. The Tribunal had particular regard to Dr C’s letter who described Dr Imrani’s demeanour when they first met.
13. On behalf of the GMC, Mr Warne submitted that Dr Imrani’s fitness to practise is impaired. He submitted that Dr Imrani’s actions in submitting the PSQs were dishonest and amounted to misconduct, breaching paragraphs 1, 65 and 71 of Good Medical Practice (‘GMP’).

14. Mr Warne submitted that when Dr A challenged Dr Imrani about the false PSQs, Dr Imrani attempted to conceal his actions by stating that the PSQs had been completed before he went on annual leave. He submitted that it is Dr Imrani’s evidence that this was a part of one conversation, but that this does not accord with the unchallenged evidence of Dr A. Further, he submitted that this does not explain Dr Imrani’s motivation for lying when challenged. Mr Warne submitted that this is a clear lie by Dr Imrani. He submitted that Dr Imrani seeks to explain his behaviour by saying that he panicked. However, Mr Warne submitted that this could be viewed as a conscious decision by Dr Imrani to conceal his original dishonesty. Mr Warne submitted that this is a further breach of GMP, paragraph 68.

15. Mr Warne submitted that Dr Imrani had many options other than dishonesty. He submitted that he could have alerted his educational supervisor to the problem; he could have spoken with his clinical supervisor; or he could have requested an extra clinical session so he could obtain a further three questionnaires in a legitimate fashion.

16. Mr Warne submitted that it is troubling that despite making full admissions to the Allegation, during his oral evidence, Dr Imrani could not explain his actions and could not accept that he was dishonest at the time. Mr Warne submitted that this raised questions about Dr Imrani’s insight, despite the number of courses and reflective statements. Further, Mr Warne submitted that Dr Imrani only provided an early reflective statement at the request of Dr A.

17. Mr Warne submitted that Dr Imrani’s evidence is that he completed the PSQs in a matter of seconds to minutes. However, Mr Warne submitted that upon examination of the PSQs, it appears as if more thought went into their manufacture. He submitted that Dr Imrani may have produced five forms so that he did not arouse suspicion. Further, he submitted that the markings on the forged PSQs differ, which may have been an attempt to conceal their provenance.
Submissions on behalf of Dr Imrani

18. Mr Ainsworth began his submissions by reminding the Tribunal that the dishonesty in the Allegation concerns only the events which occurred on 9 January 2018. He submitted that the Tribunal has not found dishonesty in relation to Dr Imrani’s conversation with Dr A and therefore that the Tribunal’s focus should be on the events on 9 January 2018.

19. Mr Ainsworth submitted that it is accepted that Dr Imrani’s actions amounted to misconduct. Moving to impairment, Mr Ainsworth submitted that the Tribunal should find that Dr Imrani’s fitness to practise is not impaired. He submitted that Dr Imrani has not challenged the Allegation in this case. He submitted that a practitioner can react foolishly or rashly, make the wrong choice because it is more convenient or expedient, or take the easy way out of a difficult, taxing situation. Mr Ainsworth submitted that the practitioner knows that the action is wrong and would appreciate it to be dishonest, but that they do not always stop and think.

20. Mr Ainsworth submitted that during his meetings with Dr B, Dr Imrani told Dr B that he had acted dishonestly at the time of the events. He submitted that Dr Imrani found it difficult to express what his thoughts were at the time because people do not always stop and think or check GMP when in a stressful situation. Mr Ainsworth submitted that Dr Imrani had acted dishonestly, but that he did not stop to consider the dishonesty.

21. Mr Ainsworth submitted that Dr Imrani did not submit the forged PSQs in order to improve his mark, the only reason was to make up for the deficit. Referring the Tribunal to Dr Imrani’s witness statement, dated 13 June 2019, Mr Ainsworth submitted that it is an impressive reflective statement demonstrating Dr Imrani’s understanding of the serious nature of his actions and the consequences.

22. Mr Ainsworth submitted that this was a single incident of dishonesty for which Dr Imrani has accepted fault. He submitted Dr Imrani has plans for when he is facing a difficult situation in the future. Mr Ainsworth referred the Tribunal to the testimonial evidence before it, which he submitted evidenced that Dr Imrani is a good, trustworthy doctor. He submitted that the Tribunal should find that there are exceptional circumstances in this case in the amount of work that Dr Imrani has done. Mr Ainsworth referred the Tribunal to the case of Cohen v GMC [2008] EWHC 581 Admin, submitting that a finding of dishonesty means that the doctor is likely to
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be impaired, but that a finding of impairment does not necessarily follow a finding of
dishonesty. Mr Ainsworth submitted that Dr Imrani is a young, inexperienced
practitioner who acted dishonestly on one occasion, but he has embarked upon a
journey which is complete.

The Relevant Legal Principles

23. The Tribunal reminded itself that at this stage of proceedings, there is no
burden or standard of proof and the decision on whether Dr Imrani’s fitness to
practise is impaired is a matter for the Tribunal’s judgement alone.

24. In approaching the decision, the Tribunal was mindful of the two-stage
process to be adopted: first whether the facts as found proved amounted to
misconduct, and that the misconduct was serious, and then whether the finding of
that misconduct which was serious could lead to a finding of impairment.

25. The Tribunal must determine whether Dr Imrani’s fitness to practise is
impaired today, taking into account Dr Imrani’s conduct at the time of the events
and any relevant factors since then such as whether the matters are remediable,
have been remedied, demonstrable insight and any likelihood of repetition.

26. The Tribunal had regard to CHRE v NMC and Grant [2011] EWHC 927 (Admin):

‘Do our findings of fact in respect of the doctor’s misconduct, deficient professional
performance, adverse health, conviction, caution or determination show that
his/her fitness to practise is impaired in the sense that s/he:

a. has in the past acted and/or is liable in the future to act so as to
put a patient or patients at unwarranted risk of harm; and/or

b. has in the past brought and/or is liable in the future to bring the
medical profession into disrepute; and/or

c. has in the past breached and/or is liable in the future to breach one
of the fundamental tenets of the medical profession; and/or

d. has in the past acted dishonestly and/or is liable to act dishonestly
in the future.’
The Tribunal’s Determination on Impairment

Misconduct

27. The Tribunal considered the gravity of its findings of dishonesty. It noted that the dishonesty occurred in Dr Imrani’s professional capacity and, as stated in his witness statement dated 13 June 2019, was a course of action intended to improve the outcome of his Annual Review of Competence Progression (‘ARCP’).

28. The Tribunal found that Dr Imrani breached the following paragraphs of GMP:

‘65 You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession.’

‘71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.’

The Tribunal determined that in in doing so, Dr Imrani had failed to consider the impact of his behaviour on the reputation of the profession and had abused the trust that the public places in the medical profession. In any event, the Tribunal determined that submitting forged documents relating to patients is always serious, but particularly so when done in self-interest.

29. The Tribunal therefore concluded that Dr Imrani’s conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

Impairment

30. Having found that the facts found proved amount to misconduct, the Tribunal went on to consider whether, as a result of that misconduct, Dr Imrani’s fitness to practise is currently impaired.

31. The Tribunal first considered the gravity of Dr Imrani’s actions. It determined that the gravity in this case arises from Dr Imrani having forged patient feedback forms for the purposes of completing his training.
32. The Tribunal considered whether it was possible for Dr Imrani to remediate. It acknowledged that although it is not impossible, it is very difficult to remediate dishonesty. The Tribunal determined that Dr Imrani’s dishonest actions were particularly serious as they related to his position of trust with his patients. Further, the Tribunal was concerned that Dr Imrani had time to reconsider his actions. He printed off the PSQs on 9 January 2018, completing them in such a manner that they appeared to have been completed by different individuals, and then the following day submitted the completed PSQs to the reception at the Centre. The Tribunal noted that Dr Imrani had the opportunity to consider other honest courses of action during this sequence of events (for example speaking to his clinical or educational supervisors), but failed to do so. The Tribunal determined that Dr Imrani’s actions if begun in a state of panic, were sustained overnight until he handed the PSQs to the receptionist the next day.

33. Nevertheless, the Tribunal did not find Dr Imrani to be inherently dishonest. In areas of his oral evidence, Dr Imrani demonstrated the same lack of confidence, which was described by Ms C in her letter, dated 11 August 2019, of his presentation in December 2018: ‘when we met, Dr Imrani struck me as unassertive, inexperienced and lacking confidence’. The Tribunal accepted Dr Imrani’s explanation that his actions arose from poor decision making in a stressful situation. Throughout his oral evidence, Dr Imrani appeared to demonstrate genuine remorse for his actions. The Tribunal took the view that Dr Imrani’s dishonesty occurred initially from panic and that his actions were not premeditated. The Tribunal determined that it was possible for Dr Imrani to remediate.

34. The Tribunal considered the remediation that Dr Imrani has undertaken since the events. The Tribunal noted the XXX that Dr Imrani has completed to aid him in managing stress. In his witness statement, dated 13 June 2019, Dr Imrani states:

‘ XXX has also shown me that when I feel large amounts of stress it can potentially lead me to take shortcuts. Recognising this has been important as I am able to identify a situation and challenge myself is what I am doing the correct course of action.’

The Tribunal was satisfied that XXX Dr Imrani has been able to identify the cause of his actions and is now addressing it by developing tools to aid him in future stressful situations.
The Tribunal noted that Dr Imrani attended a Maintaining Professional Ethics course for three days, which concluded on 10 April 2019. The Tribunal had sight of a reflective piece Dr Imrani completed demonstrating his learning from the course:

‘I had always been aware that I made the illogical conclusion that if I had not achieved the minimum requirement of forty questionnaires I would achieve an unsatisfactory outcome at my Annual Review Competence Progression (ARCP). In learning about cognitive distortions, I was able to give a name to this exaggerated and irrational thought...I ‘predicted the future’ in assuming that I would achieve an unsatisfactory outcome at my ARCP. As a result, I allowed myself to panic and let fear drive my actions.’

The Tribunal was satisfied that having attended the course, Dr Imrani has reflected in detail and has applied his learning to his dishonest actions. The Tribunal noted that Dr Imrani also completed two online training modules, The Challenge of Probity on 27 January 2018 and Ethics in General Practice on 14 July 2019. The Tribunal took account of Dr Imrani’s early admission of dishonesty and noted that there was no prior history nor subsequent report of any dishonesty.

The Tribunal noted that Dr Imrani swiftly apologised to his colleagues for his dishonest actions in an email dated 17 January 2018:

‘I would like to begin by firstly apologising for my actions. Having had today to really reflect and type up what I have understood and learnt from this incident I feel I must say I am sorry to you all. I have broken the trust you all placed in me and I hope can forgive me and that I am given the chance to rebuild that trust and the relationships we have.’

The Tribunal next considered the level of Dr Imrani’s insight into his actions. The Tribunal was satisfied with Dr Imrani’s two detailed reflective statements, his targeted PDP and the detailed reflection from the sessions with his mentor. However, the Tribunal was concerned about the proximity of his first reflective statement to the time of the events. The Tribunal was informed that this was drafted just days following the incident on 15 January 2018. The Tribunal concluded that this is not a sufficient amount of time to allow any meaningful reflection. It demonstrates his ‘theoretical’ knowledge and intellectual understanding that his actions were wrong. Further, during his oral evidence, the Tribunal found that
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Dr Imrani’s evidence was unclear regarding whether he knew his actions to be dishonest at the time of the events. Dr Imrani stated that he immediately felt guilty after submitting the falsified PSQs, but also stated that he did not consider his actions to be dishonest at the time. The Tribunal found that Dr Imrani appeared to minimise his dishonesty in oral evidence including as follows.

Cross-examination by the GMC (from Tribunal notes of the evidence – not verbatim):

Q: Given nature of allegations you’ve admitted – do you accept at the time, in your mind, you acted dishonestly?
A: At the time I didn’t know what I was doing as I was in a panic. It was dishonest, but at the time I didn’t give consideration to what I was doing. I was anxious as I had not reached the required number and I had no consideration of what I was doing, that it was dishonest.

Questions from the Tribunal (from Tribunal notes of the evidence – not verbatim):

Q: So you formulated the idea on 9th to print the forms off and then you printed them off - all in state of panic?
A: Yes, I was quite worried and anxious
Q: You had a meeting on 15 January with Dr A
A: I didn’t consider it – I didn’t appreciate the harm I was doing. I didn’t consider it was a dishonest act – I didn’t realise I was deceiving people. I couldn’t tell you why I didn’t put the two together. I hadn’t thought what I was doing was wrong. The guilt started from when I filled the forms in until when I saw Dr A some days later. Over that period, I did feel guilty.
Q: Does that help you to understand your dishonesty?
A: XXX
Q: Do you have a problem saying now that what you were doing then was dishonest?
A: No

38. The Tribunal determined that whilst Dr Imrani has made significant progress in developing insight, it is not yet complete.

39. Taking all of the above into account, the Tribunal considered whether Dr Imrani was likely to repeat his actions again in the future. The Tribunal
determined that as Dr Imrani has acted dishonestly, there is a risk that he may do so again in the future, but considered the likelihood to be low. The risk in the future will almost certainly depend upon the extent of Dr Imrani’s ability to manage stressful situations and not act in a state of panic. Currently, Dr Imrani is embarking on his career and the stresses of this alongside these proceedings have impacted on his confidence and self-esteem. To complete remediation Dr Imrani needs to further develop his confidence and demonstrate his capacity to manage stress.

40. The Tribunal gave considerable weight to the public interest in this case, specifically the need to uphold proper professional standards and to maintain public confidence in the medical profession. It found that Dr Imrani had demonstrated a severe lack of judgement and displayed a lack of integrity. The Tribunal took into consideration the following principles:

- **Paragraph 74 in the case of CHRE v NMC and Grant [2011] EWHC 927 (Admin)**

  ‘...In determining whether a practitioner’s fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances’

- **Paragraph 45 in the case of PSA v Health and Care Professions Council & Ghaffar [2014] EWHC 2723 per Carr J**

  ‘However, it will be an unusual case where dishonesty is not found to impair fitness to practise’

- **Paragraph 64 in the case of Cohen v GMC [2008] EWHC 581 (Admin)**

  ‘There must always be situations in which a panel can properly conclude that the act of misconduct was an isolated error on the part of the medical practitioner and that the chance of it being repeated in the future is so remote that his or her fitness to practise has not been impaired.’
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41. The Tribunal noted and was impressed by the steps that Dr Imrani has taken to remediate including the courses, XXX, mentoring, writing reflective statements on his actions and following his attendance at a three-day ethics course. The testimonials Dr Imrani submitted show that he is a well-liked and competent clinician. The Tribunal noted that despite these events Dr Imrani persevered to complete his GP training under difficult circumstances.

42. In the light of this, and Dr Imrani’s remorse, the Tribunal balanced the obligation to maintain public confidence in the profession against the particular circumstances of this matter. Whilst the Tribunal recognised all the efforts made by Dr Imrani, including his developing insight and remediation, the Tribunal considered the circumstances were not unusual to the extent that Dr Imrani’s fitness to practise is not impaired.

43. The Tribunal determined that proper professional standards would not be upheld and public confidence in the medical profession would be undermined if a finding of impairment were not made.

44. The Tribunal has therefore determined that Dr Imrani’s fitness to practice is impaired by reason of misconduct.

Determination on Sanction - 15/08/2019

1. This determination will be read in private. However, as this case concerns Dr Imrani’s misconduct, a redacted version will be published at the close of the hearing XXX.

2. Having determined that Dr Imrani’s fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

3. The Tribunal took account of all the evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions
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Submissions on behalf of the GMC

4. On behalf of the GMC, Mr Warne submitted that the appropriate sanction in this case is one of suspension. He submitted that the process of patient feedback relies on the honesty and integrity of doctors and Dr Imrani’s behaviour put this at risk. Mr Warne submitted that Dr Imrani had breached many principles of GMP, particularly paragraphs 1, 65, 68 and 71.

5. Mr Warne submitted that Dr Imrani’s dishonesty was exacerbated by the fact that, he only admitted his dishonesty when challenged by Dr A and confronted with irrefutable proof as the date the PSQs were printed was labelled on the forms. He submitted that the submission of the PSQs to the practice manager was providing a false statement and that Dr Imrani was purporting to have seen the five patients and that they had provided satisfactory feedback or better.

6. Mr Warne submitted that erasure would be disproportionate considering the level of the dishonesty and how he has behaved since the dishonest act. He submitted that it was also not justified considering the mitigating and aggravating factors in this case. He submitted that the aggravating factors in this case were that Dr Imrani’s dishonesty was considered dishonesty, that Dr Imrani failed to admit his dishonesty immediately, it was committed in a professional capacity, that the dishonesty was intended to improve his ARCP and related to a position of trust with patients. Mr Warne submitted that the mitigating factors in this case were that Dr Imrani was a young doctor who was immature, he would act differently when faced with such a scenario in the future, he has apologised, made visible attempts to remediate and that it is clear from the views of his fellow professionals and colleagues that the episodes and this process itself has had a chastening effect on him.

7. Mr Warne did not make submissions regarding the length of the suggested suspension, but stated that the Tribunal must balance the public interest with the fact Dr Imrani is a newly qualified doctor who may deskill during a lengthy suspension.

Submissions on behalf of Dr Imrani

8. On behalf of Dr Imrani, Mr Ainsworth submitted that the Tribunal is concerned with the second and third limbs of the overarching objective. He acknowledged that the breach of GMP is serious as dishonesty is always serious, but it he submitted that it was not persistent. He submitted that Dr Imrani is a young doctor, who is newly qualified
and referred to the testimonials, stating that Dr Imrani is clearly a doctor ‘with so much to give’.

9. In mitigation, Mr Ainsworth submitted that there was evidence before the Tribunal that Dr Imrani has understood the problem, has insight and has made significant efforts to remediate. He submitted that Dr Imrani made an early admission and apologised to the colleagues who had been directly affected by his dishonesty. Further, he submitted that Dr Imrani apologised to the Tribunal, which was in effect apologising to the public. Mr Ainsworth submitted that Dr Imrani has maintained good professional practice since the events and that there is no history of other matters of concern. He submitted that Dr Imrani was inexperienced, was suffering with work related stress and was anxious about his training. Dr Imrani has made attempts to remediate and gained insight into his misconduct.

10. Mr Ainsworth submitted that the Tribunal should impose an order of conditions on Dr Imrani’s registration. XXX. He submitted that Dr Imrani completed his GP training just one week ago and he now needs to find a job. XXX. Further, Mr Ainsworth submitted that Dr Imrani has three sources of support from his XXX, mentor and clinical supervisor. He submitted that the attractive aspect of conditions is that it allows Dr Imrani to continue with his work whilst receiving additional support. Mr Ainsworth submitted that Dr Imrani will have to demonstrate to a future Tribunal how he can deal with his capacity to manage stress. He submitted that if Dr Imrani is suspended he won’t be able to demonstrate how he manages work based stress.

11. Mr Ainsworth submitted that if the Tribunal does not choose to impose conditions then it should impose a short period of suspension and Dr Imrani could continue with his XXX and mentoring. However, he submitted that it is possible for Dr Imrani to continue his employment and remediation with conditions on his registration.

The Tribunal’s Determination on Sanction

12. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement. In reaching its decision, the Tribunal has taken into account the Sanctions Guidance (‘SG’) and the statutory overarching objective.

13. The Tribunal reminded itself that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have
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a punitive effect. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Imrani’s interests with the public interest.

14. The Tribunal first considered the aggravating and mitigating factors in this case and then moved on to consider each sanction in ascending order of severity, starting with the least restrictive.

Aggravating and Mitigating Factors

The Tribunal carefully considered the mitigating factors in this case:

- Dr Imrani is young and immature;
- He admitted the Allegation at the outset of the hearing;
- Dr Imrani apologised for his actions and accepted he would behave differently in the future;
- He has made significant attempts to remediate;
- The testimonials before the Tribunal;
- Dr Imrani has persisted in obtaining his qualifications despite these difficult circumstances;
- He has insight into his actions;
- He has not blamed anyone else;
- It was a single incident in an otherwise unblemished career to date;
- No complaints have been made against him before or since;
- Dr Imrani is remorseful;

The Tribunal balanced the mitigating factors against the aggravating factors in this case.

- Dr Imrani’s dishonesty was considered;
- He did not admit his dishonesty immediately. He did not make a voluntary admission, but responded to being found out after 6 days;
- Dr Imrani’s dishonesty was in professional capacity;
- His dishonesty was intended to progress his training;
- Dr Imrani breached the integrity of the doctor’s training system, which relies on trust and honesty;
- The dishonesty involved Dr Imrani purporting to show the views of his patients.
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No action

15. The Tribunal first considered whether to conclude Dr Imrani’s case by taking no action.

16. The Tribunal concluded that in view of the nature and gravity of its findings, to take no action on Dr Imrani’s registration would be wholly inappropriate. It noted that there are no exceptional circumstances in this case to warrant taking no action. The Tribunal concluded that taking no action would not reflect the findings of facts or impairment as this would not send an appropriate message to Dr Imrani or meet the overarching objective.

Conditions

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

18. The Tribunal noted that in submitting false PSQs, Dr Imrani’s actions were dishonest. It also noted the PSQs he completed did not reflect a different picture of him than the 37 pre-existing PSQs that had been completely correctly. However, the false PSQs had the appearance of completion by more than one person.

19. The Tribunal acknowledged that a dishonesty case is not typically a case in which conditions would be imposed. However, it took account of the submissions of Mr Ainsworth and had regard to its impairment decision: ‘the risk in the future will almost certainly depend upon the extent of Dr Imrani’s ability to manage stressful situations and not act in a state of panic’. The Tribunal noted Mr Ainsworth’s submissions that this could either happen through conditions whilst working or after suspension because he would not be able to work during period of suspension.

20. The Tribunal noted that this case does not fall explicitly within SG paragraph 81 a-d:

81 Conditions might be most appropriate in cases:

a involving the doctor’s health

MPT: Dr IMRANI

17
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*b involving issues around the doctor’s performance*

c*where there is evidence of shortcomings in a specific area or areas of the doctor’s practice*

d*where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.*

21. The cases indicated are not intended to be an exhaustive list. This Tribunal considered conditions could be appropriate in Dr Imrani’s case. The Tribunal noted whilst the allegation relates to a single isolated incident, the dishonesty continued over six days. Paragraph 92 of the Sanctions Guidance (‘SG’) indicates that a suspension order could be appropriate in Dr Imrani’s case:

‘92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).’

22. The Tribunal had regard to paragraph 82 of the (‘SG’):

‘82 Conditions are likely to be workable where:

a the doctor has insight

b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings

c the tribunal is satisfied the doctor will comply with them

d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.’

The Tribunal found that all of the above requisites were engaged and determined that conditions would therefore be workable.
The Tribunal had regard to its overarching objective. It noted that the more severe sanction of suspension might better mark the public interest and seriousness of Dr Imrani’s actions. However, the Tribunal balanced the need to protect the public, maintain public confidence and uphold the reputation of the profession against the public interest in retaining a competent doctor and allowing him the opportunity to fully remediate.

The Tribunal considered whether a suspension sought by the GMC would be a more appropriate sanction. It would better mark the seriousness of Dr Imrani’s dishonesty and reflect the public interest in protecting patients, maintaining confidence in the profession, and upholding proper standards of conduct and behaviour. The public interest was at the forefront of the Tribunal’s mind and that included enabling a suitable doctor to return to safe practice, or in this instance to embark on a career as a GP practitioner. In balancing the aspects of the public interest, the tribunal considered that in finding Dr Imrani’s fitness to practice impaired it had properly upheld the wider public interest of protecting patients, maintaining confidence in the profession and declaring and upholding proper standards of conduct and behaviour. The Tribunal do however consider a sanction is also required to meet the wider public interest.

In this instance the imposition of a suspension order would further undermine the confidence of Dr Imrani, XXX, and deprive him of the opportunity to demonstrate his ability to manage stress in practice. It could potentially prevent this doctor from becoming a very good GP which all the testimonials state are within his capability. The tribunal in choosing which sanction to impose acknowledged it was a finely balanced decision.

The Tribunal considered that Dr Imrani is a young, newly qualified GP, still presenting as unassertive, inexperienced and lacking in confidence. It notes the SG paragraph 30 misconduct is not acceptable simply because the doctor is inexperienced. The Tribunal however determined that he can best demonstrate his capacity to manage stress without resorting to dishonest behaviour in a working context. The Tribunal determined that conditions were a sanction which would be proportionate to this doctor’s misconduct. The Tribunal determined that conditions will ensure that Dr Imrani continues to benefit from ongoing XXX and mentoring that has been made available to him, but he will have the benefit of a work place reporter and a responsible officer in a work environment.
27. The Tribunal determined that the public would benefit by ensuring that Dr Imrani is able to serve the public to the best of his ability as a more confident doctor able to manage stress. It determined that prohibiting Dr Imrani from working in a medical capacity for any period before embarking on his GP work would not provide him with the adequate support to continue his remediation.

28. The Tribunal is confident that allowing Dr Imrani to practise under a period of conditions, including supervision, would allow him to address his shortcomings and fully remediate.

29. The Tribunal considered paragraphs 120-128 of the SG ‘Considering Dishonesty’ particularly the following:

‘124 Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor’s clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty.

125 Examples of dishonesty in professional practice could include:

a ...

b ...

c submitting or providing false references’

30. The Tribunal determined that Dr Imrani’s actions lacked integrity and were dishonest, thereby posing a risk to the public confidence in the medical profession. The Tribunal noted the level of Dr Imrani’s insight and viewed the remediation that he has undertaken to date as a considerable effort to move forward since the events of January 2018. It noted that dishonesty is difficult to remediate, but determined that Dr Imrani has done all he can to address his shortcomings to date. The Tribunal therefore determined that any further remediation can best be affected in the context of a clinical environment. It determined that Dr Imrani’s ability to manage stress, prioritise the needs of patients and serve the public interest can be
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best tested within a work environment. Further, the Tribunal determined that conditions for a significant length of time would be more beneficial for him, and would better serve the public interest rather than a short period of suspension.

31. The Tribunal considered the length of the period of conditions. The Tribunal bore in mind that the period of conditions would need to be sufficient for Dr Imrani to develop and demonstrate further insight into his misconduct and to continue to benefit from ongoing XXX and support. The Tribunal concluded that imposing conditions for a period of 12 months was sufficient to meet the overarching objective and allow Dr Imrani time to develop and evidence strategies to cope with the stress which contributed to the index events and to demonstrate further insight.

32. The following conditions are not confidential and will be published:

'1. You 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 your current post, including:
      i your job title
      ii your job location
      iii your responsible officer (or their nominated deputy)

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

   c any organisation where you have practising privileges and/or admitting rights

   d any training programmes you are in

   e of the organisation on whose medical performers list you are included

2. You must personally ensure the GMC is notified:

   a of any post you accept, before starting it
b that all relevant people have been notified of your conditions, in accordance with condition 10.

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

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

e if you apply for a post outside the UK.

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

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

   b You must not work until:

      i your responsible officer (or their nominated deputy) has appointed your workplace reporter

      ii you have personally ensured that the GMC has been notified of the name and contact details of your workplace reporter.

5. a You must design a personal development plan (PDP), with specific aims to address the deficiencies in the following areas of your practice.

   • Integrity
   • Confidence
   • Assertiveness

   b You must meet with your responsible officer to discuss the aims within your PDP.

6. You must only work in a group practice setting where there is a minimum of two GP partners or employed GPs (excluding yourself). The GPs
must be partners or permanently employed GPs who are on the GP register (this excludes locum staff).

7. You must only work as a salaried GP and/or in roles approved by your responsible officer.

8. You must only work in an NHS Practice.

9. You must not work:

   a as a locum

10. You must personally ensure the following persons are notified of the conditions listed at 1 to 9:

    a your responsible officer (or their nominated deputy)

    b the responsible officer of the following organisations:

        i your place(s) of work, and any prospective place of work (at the time of application)

        ii all your contracting bodies and any prospective contracting body (prior to entering a contract)

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

        iv If any of the organisations listed at (i to iii) does not have a responsible officer, you must notify the person with responsibility for overall clinical governance within that organisation. If you are unable to identify this person, you must contact the GMC for advice before working for that organisation.

    c the responsible officer for the medical performers list on which you are included or seeking inclusion (at the time of application)
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...d your immediate line manager and senior clinician (where there is one) at your place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

Review Hearing

33. The Tribunal determined to direct a review of Dr Imrani’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 Imrani to demonstrate how he has remediated, developed his insight, and his ability to manage stress at work. It therefore may assist the reviewing Tribunal if Dr Imrani provided:

- A report from his workplace reporter and responsible officer;
- A report from his mentor;
- XXX
- A reflective statement detailing how he has handled stress in his current work and how his past dishonest actions impacted on patients and maintenance of trust in the profession.

Dr Imrani can provide any other information that he considers will assist.

Determination on Immediate Order - 15/08/2019

1. Having determined to impose an order of conditions on Dr Imrani’s registration, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

Submissions

2. On behalf of the GMC, Mr Warne submitted that the GMC is not applying for an immediate order as there are no issues with his clinical competence.

3. On behalf of Dr Imrani, Mr Ainsworth submitted that this is a situation where Dr Imrani will be applying for posts and he would rather have the conditions in place when doing so. It is Dr Imrani’s intention to apply for work as soon as possible. An immediate order will cause the employer to have those conditions in place before he commences work rather than having to try to put matters in place after 28 days. Therefore, it would be in Dr Imrani’s interest to impose an immediate order.
The Tribunal’s Determination

4. In reaching its decision, the Tribunal has exercised its own judgement, and has taken account of the principle of proportionality. The Tribunal has borne in mind that it may impose an immediate order where it is satisfied that it is necessary for the protection of members of the public, is in the public interest, or is in the best interests of the practitioner.

5. The Tribunal had regard to the following paragraph of the SG:

‘172 The tribunal may impose an immediate order if it determines that it...is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.’

The Tribunal accepted the submissions of Mr Ainsworth and determined to impose an immediate order of conditions in the interests of Dr Imrani. The Tribunal is concerned that the conditions imposed to ensure the public interest is met and Dr Imrani’s practice receives the supervision he needs, that this order should take effect immediately. The immediate order will contain the same provisions as in the order of conditions made by the Tribunal today.

6. This means that Dr Imrani’s registration will be conditions from today. The substantive direction, as already announced, will take effect 28 days from today, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

7. There is no interim order to revoke.

8. That concludes the case.

Confirmed
Date 15 August 2019
Miss Gillian Temple-Bone, Chair