

PUBLIC RECORD**Date:** 30/05/2025

Doctor: Dr Mohammad Sohail

GMC reference number: 5198513

Primary medical qualification: MB BS University of Punjab (Pakistan)

Type of case	Outcome on impairment
Review - Misconduct	Not Impaired
Review - Caution	Not Impaired

Summary of outcome
Suspension to expire

Tribunal:

Legally Qualified Chair	Mr Gul Nawaz Hussain
Lay Tribunal Member:	Dr Matthew Fiander
Registrant Tribunal Member:	Dr Susan Ellerby

Tribunal Clerk:	Mr Sewa Singh
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Claire Robinson, Counsel, instructed by Stephensons Solicitors
GMC Representative:	Ms Victoria Young, Counsel

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 - 30/05/2025

1. This is a review hearing. 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 Sohail's fitness to practise is impaired by reason of misconduct and his caution.

Background

2. Dr Sohail qualified in 1995 from the University of Punjab, Pakistan. He worked in various roles with the Aesthetics and Intensive Care. At the time of the events giving rise to the concerns in this case relating to Patient A, Dr Sohail was practising as a consultant at Fairfield Hospital ('the Hospital') on the Intensive Care Unit ('ICU').

3. It was alleged that Dr Sohail acted dishonestly in his conversations with Ms B regarding the care he provided to Patient A and when completing and submitting a job application form ('the form') to West Middlesex Hospital, in which he did not disclose his regulatory history. It was also alleged that Dr Sohail accepted a Police caution for sending malicious communications, which were of an offensive and racist nature, to a woman he had met online. Dr Sohail admitted to during his Police interview and accepted a criminal caution. He was also required to attend a Victim Awareness Course.

The 2024 Tribunal

4. Dr Sohail's case was referred to a Medical Practitioners Tribunal ('MPT') which commenced on 24 June 2024 and concluded on 9 July 2024 ('the 2024 Tribunal'). At that hearing, Dr Sohail admitted the allegations relating to his criminal caution. He also admitted to not disclosing in the form that he had been or was subject to any fitness to practise investigation by his regulator, that his registration was subject to an interim order of conditions, and that he had been issued a Warning by the GMC. However, Dr Sohail denied the allegations that his actions were dishonest in relation to the disclosures in the form.

5. In relation to the care of Patient A, Dr Sohail made some factual admissions, including that Patient A had been transferred to the Hospital from North Manchester General Hospital (NMGH) due to a shortage of beds. Dr Sohail denied, however, that at a meeting with Ms B and Ms E on 17 June 2019, and then at a meeting with Ms B on 21 June 2019, following the death of Patient A, he said words to the effect that Patient A had been transferred to make

Patient A more comfortable before he died. Dr Sohail denied the allegations that the statements he made in the two separate meetings were untrue and that his actions were dishonest.

6. The 2024 Tribunal found that Dr Sohail's actions in not disclosing he was subject to a fitness to practise investigation and/or proceedings by a regulatory body, that his registration had been subject to an interim order of conditions, and that he had been issued a Warning by the GMC, was not dishonest.

7. Turning then to the concerns relating to the care of Patient A and Dr Sohail's conversations with Ms B and Ms E on 17 June 2019, and then with Ms B on 21 June 2019, the 2024 Tribunal found these allegations not proved and therefore concluded that Dr Sohail's actions were not dishonest.

8. In considering Dr Sohail's fitness to practise, the 2024 Tribunal considered those matters found proved, namely in relation to Dr Sohail's criminal caution for sending malicious communications, which were of an offensive and racist nature. It considered Dr Sohail's use of language was shocking, particularly the phrases '*U black people all dodgy*', '*U growing through evolution*' and '*Piss on you*'. The 2024 Tribunal determined that Dr Sohail's actions were a departure from Good Medical Practice (GMP) and that he acted in a racially aggravated manner in which he intended to hurt or offend another person due to a personal dispute, and he had therefore shown a lack of respect for the recipient of the messages and failed to uphold her dignity. It found Dr Sohail's actions amounted to serious misconduct.

9. Considering the level of Dr Sohail's insight, the 2024 Tribunal considered that Dr Sohail had shown some insight into the impact of his actions on the profession and had shown remorse and regret and shame. However, it considered that Dr Sohail's reflections on these matters were incomplete and did not adequately address the impact on his victim or the root cause of his actions. It also found Dr Sohail was unwilling to address why he made the comments and what he meant by them, and therefore he could not have developed full insight into his actions, nor the impact of his racial abuse on the victim or black people in general. The 2024 Tribunal found there was little evidence he understood the impact of his actions, nor any understanding that his actions were grossly offensive.

10. The 2024 Tribunal took into account that Dr Sohail had previously received a caution for common assault and a subsequent GMC Warning in relation to an altercation with a female friend in 2014. Given the circumstances were not dissimilar to those matters before it, the 2024 Tribunal was concerned that Dr Sohail had not learned from the experience or reflected on how to manage his anger in interpersonal conflicts. The 2024 Tribunal was of the view that Dr Sohail had limited insight into why he reacted in such an aggressive manner when faced with difficulties in a personal relationship, despite having previously received a Warning following a police caution for common assault XXX. From Dr Sohail's oral evidence on this matter, the 2024 Tribunal considered that Dr Sohail was unable to clearly articulate what had happened and why he acted in the manner he did. It was concerned that Dr Sohail did not appear to understand that the way he behaved in his private life impacted on his

professional life. It determined that Dr Sohail had shown incomplete insight into his actions and had failed to address the reasons why he behaved as he did.

11. In considering remediation, the 2024 Tribunal noted the testimonials from Dr Sohail's clinical colleagues, all of whom spoke highly about him, but gave limited weight to them as Dr Sohail's actions took place outside of a professional setting and related to his personal life. The 2024 Tribunal had regard to the Continuing Professional Development (CPD) completed by Dr Sohail. It considered that whilst some of these courses were relevant, for example, Equality Diversity and Inclusion and Conflict Resolution, these appeared to have been undertaken as part of Dr Sohail's employment, they were specifically targeted to address the concerns in this case, particularly on how to resolve interpersonal conflicts, anger management or around racism or cultural awareness.

12. The 2024 Tribunal determined that Dr Sohail's remediation was inadequate and incomplete. It determined that there was a risk of repetition. It therefore determined that Dr Sohail's fitness to practise was impaired by reason of misconduct and caution for a criminal offence.

13. When considering the appropriate sanction, the 2024 Tribunal, balanced the aggravating and mitigating features. It determined, in the circumstances of this case, that Dr Sohail's misconduct was remediable and there was no evidence to suggest he would be unwilling to continue his efforts to remediate. It was therefore satisfied that suspension was the appropriate sanction, and it determined to suspend Dr Sohail's registration for a period of ten months. The 2024 Tribunal considered that period would allow Dr Sohail the opportunity to further develop and demonstrate full insight into his actions. It also considered that suspension would mark the seriousness of the misconduct found and send a message to Dr Sohail, the profession and to the public that this type of behaviour was unacceptable.

14. The 2024 Tribunal directed a review hearing. It emphasised that the onus would be on Dr Sohail to demonstrate how he has fully appreciated the gravity of his offence. It considered that the Tribunal reviewing Dr Sohail's case may be assisted by receiving evidence of (i) Dr Sohail's fully developed insight into his conduct and evidence of targeted remediation in the areas of anger management within personal relationships with women, and in relation to race and cultural awareness; (ii) how Dr Sohail has maintained his clinical skills and knowledge during the period of suspension, and (iii) any other information Dr Sohail considered would assist his case.

Today's Review Hearing

15. This is the first reviewed hearing of Dr Sohail's case. The Tribunal has considered, in accordance with Rule 22(1)(f) of the Rules, whether his fitness to practise remains currently impaired.

The Evidence

16. The Tribunal has taken into account all of the documentary evidence received. Dr Sohail also gave oral evidence.

Documentary Evidence

17. The Tribunal received a number of documents which included, but not limited to, the following:

- Determinations from the 2024 Tribunal hearing;
- Email correspondence dated 4 September 2024 and 24 January 2025 from the GMC to Dr Sohail reminding him of today's hearing and the information which may assist the reviewing Tribunal;
- Dr Sohail's reflections following courses he had completed. These included 'Anger Management – A Guide to Emotional Regulation and Conflict Resolution' on 7 July 2024, and 'Female Psychology- Understand Yourself and Women Around You' on 23 January 2025;
- Certificates of completed Continuing Personal Development (CPD);
- Testimonials from his clinical colleagues in the UK and in Pakistan.

Dr Sohail's Reflections

18. Dr Sohail made a statement, dated 13 May 2025, which included details about his efforts to obtain suitable employment following his registration being suspended by the 2024 Tribunal and the impact upon his personal financial circumstances. Dr Sohail explained how he had secured a position of senior consultant at Dow University Hospital in Pakistan following a discussion with the Director of Human Resources to whom he disclosed his GMC history. Dr Sohail stated that he commenced employment at the hospital on 2 December 2024.

19. Dr Sohail provided his reflections on the matters which led to his suspension. In relation to the concerns about his anger management and use of racially abusive language, he explained that he enrolled upon numerous courses which focused on actively managing his anger, female psychology and gender equality to enable him to gain a deeper understanding of gender dynamics and to foster more inclusive and respectful communications both in a personal and professional setting. He said that these courses had *'provided me with the insight of the underlying reasons behind my previous reactions and more importantly, it has allowed me to learn practice techniques to manage my responses in a healthier manner, ensuring that such behaviour towards woman or people of any gender, are not repeated moving forward.'* He added *'I have been able to identify that one of the warning signs pertaining to my anger is that my heart rate increases.'* He went to say that when this happens, he should take deep breaths to lower his heart rate and take a step back and think before he spoke.

20. Dr Sohail further stated he had gained a deeper understanding of how psychological, social and cultural factors could influence a woman's thoughts, behaviour and experiences. He said that he came to recognise how gender roles, societal expectations and emotional conditioning could shape the way many women navigate their relationships, career and personal identity. He stated that from the time of his suspension, he had *'developed a stronger sense of empathy, learning to see things from a different perspective'* Dr Sohail said that these insights had *'allowed me to become more emotionally intelligent, respectful in my communications towards people of all genders, and mindful of how I show up in both personal and professional interactions.'*

21. Dr Sohail stated that he had attended various courses for anger management to *'gain a better understanding of my emotions and learn effective techniques for handling anger in a healthier and more constructive manner. The courses which I have attended focused on specific techniques in managing anger, as well as understanding the root causes of anger, emotional regulation, and conflict resolution.'*

22. Dr Sohail went on to say he had also attended a number of consultations for support. He said he attended a consultation with a psychologist in January 2025 and then again in February 2025 during which they discussed coping mechanisms to deal with his anger issues.

23. Dr Sohail stated that having completed the training and having sought professional support, he was able to gain insight into his emotional responses and the underlying causes of his anger, adding that he learnt that whilst anger itself is a natural emotion and is normal, the way he responded to his anger was what truly mattered. He said *'These courses had helped me identify my personal triggers and recognise the early physical and emotional signs of anger, which will allow me to take action before the situation develops. Examples of techniques I have developed include deep breathing, time outs, and cognitive restricting, all of which help in calming down and responding thoughtfully rather than reacting impulsively.'*

24. Moving on to the matters relating to his criminal caution, Dr Sohail said that receiving the caution was a deeply confronting experience for him, and one which forced him to take a long hard look at the way he conducted himself, as well as the impact his use of words could have. He said *'I take full responsibility for my actions, and what I said was completely unacceptable. I understand that I did not only use this derogatory language against the complainant, but also made harmful generalisations about an entire racial group.'* He added that in future he was able to have a more positive outlook and not act impulsively through anger. He explained *'I was angry and upset and upon reflection, I should have chosen to walk away or express my frustration in a respectful manner rather than using the language which was intentionally hurtful.'* He said he fully acknowledged he used the words to *'attack the other person'* and he now understood how he caused real harm to the complainant and the wider community. He went on to describe the impact of his abusive language on the complainant stating *'the complainant would have felt disrespected, humiliated, and deeply hurt. This racial abuse which I regret deeply, contributes to an environment of hostility and alienation.'* Dr Sohail said that from the insight he had now gained, he understood that it reinforces harmful stereotypes and perpetuates racial inequality. He added *'I now see that*

the emotional and psychological harm of such racial abuse extends beyond the immediate context, creating a long-lasting effect on the individuals sense of self-worth and their perception of the world around them and how those individuals feel viewed.'

25. Dr Sohail stated that the language he used perpetuated the societal structures of racism and inequality, and that even though his actions were not intended to reflect his views on race, *'the harm was done once I had sent the messages.'*

26. Dr Sohail said that on a professional level, he could now see how his conduct had caused damage to the reputation of the profession, adding that this incident not only reflected poorly on him, but also on the values which doctors are obliged to uphold – these being respect, equality and fairness. He said that his actions undermined trust in the profession and damaged its credibility, and *'I now understand how important it is that I maintain a high standard of conduct, both in my private and public life, as my actions can directly reflect on the integrity of the profession.'* He went on to say that prior to his incident, he had never engaged in any form of racial discrimination and believed in treating all people with respect and dignity. Dr Sohail added *'this is why I am deeply ashamed and upset by my actions towards the complainant, as it was completely out of line with the values I hold.'*

27. Dr Sohail stated that, since the incident, he had made it a priority to actively learn from his mistakes and to ensure that something like this never happens again. He said that he had undertaken courses addressing racism, unconscious bias and cultural awareness. He stated that *'it was following completion of these courses that he became more aware that there was a lot of details which he did not know about how race and privilege affects a person's life.'* Dr Sohail added he now understood *'that it was important to listen and to be more mindful of how he showed up in diverse spaces.'* He went on to say *'I now feel I am in a better position to speak out against injustice and be more considerate towards people of different races, with a deeper commitment to creating a more inclusive and respectful environment for all.'*

28. In relation to his CPD, Dr Sohail said that he remained positive in keeping his knowledge and skills up to date. He said he continued preparing for the final part of the fellowship examination by the College of Anaesthetists of Ireland. He added, however, that due to his suspension, he was unable to partake in the exam which due in December 2024. He added that he had completed numerous courses related to Anaesthetics and Intensive Care, each requiring a thorough understanding of the subject matter and involved assessments to test and validate the learning gained. He said that this ensured his learning was meaningful and allowed him to keep up to date with his specialty in Anaesthetics and Intensive Care.

29. Dr Sohail then went on to speak about his employment in Pakistan which he said allowed him to maintain and further develop his knowledge and practical skills. He explained he worked in a large care unit where he is required to complete on average five to six hours of ward rounds every day, looking after critically ill patients. He added that he is also required to ventilate and intubate patients, and to undertake all types of invasive procedures on

patients as well as make decisions on dialysis. Dr Sohail said that in his role, he also taught other doctors and medical students. As a result of his expertise, Dr Sohail stated that he had been promoted to Head of the Surgical Intensive Care Unit Team.

30. In conclusion, Dr Sohail apologised for the way in which he conducted himself in the past and stated *'I am ashamed of my actions towards the complainant and the view in which this had both on myself and the profession.'* He said that he had been practising as a doctor in the UK for over twenty four years and hoped to be able to continue to do so. He acknowledged his actions were inexcusable, and said *'I have sought to complete full remediation and gain insight into how I should conduct myself moving forward to make amends for my prior conduct.'*

31. He said that whilst he was aware he could not undo his previous actions, he hoped to be put into a position where he could show that his previous actions were not indicative of him as a person or as a doctor. Dr Sohail said that his behaviour would never be repeated and *'if I am ever presented in a similar situation, I will use my knowledge and insight which I have learnt since the incident, through training and further reflection to act differently and proved my remediation to be effective and sustainable.'* Dr Sohail stated that if allowed to return to practise in the UK, he would look to completing his exams, as well as the Diploma in Anaesthesia.

Dr Sohail's Oral Evidence

32. In his oral evidence, Dr Sohail reiterated what he had stated in his reflections statement. He openly and candidly explained in some more depth the purpose behind and what he meant by some of the offensive language he used towards the female victim. He told the Tribunal that he was very angry and wanted to take revenge on the victim because he felt disrespected by her use of abusive language. He said it was an impulse reaction and that he had not constructively thought about it at the time, except that he had to respond in a similar manner or even in a more offensive manner. He said he wanted to make the victim feel inferior to himself and that it was all negative thoughts at the time. In relation to the victim's identity, Dr Sohail said he wanted to use the victim's identity to insult her, and to humiliate her due to her skin colour and her cultural background. He said he was judgemental and stereotyped, adding that this was not his true character or him as a person. In using the word 'barking' Dr Sohail told the Tribunal he was referring to the victim as a 'dog' or 'bitch'. Dr Sohail accepted referring to the victim as 'mental' was particularly inappropriate for a doctor.

33. Dr Sohail said that through the courses and mindfulness, he fully recognised why he became angry. He described the strategies he now employed to deal with these types of situations, and to manage his anger, which included stepping back from the situation, thinking constructively about what had been said, and shape his own thoughts before responding. He told the Tribunal that he had only communicated with the victim via telephone having met her a few days before the incident.

Submissions

For the GMC

34. Ms Victoria Young, Counsel, submitted that the GMC's position is neutral on the question of whether Dr Sohail's fitness to practise is currently impaired. She reminded the Tribunal that the previous Tribunal imposed suspension for public safety and promoting and maintain confidence in the profession. She acknowledged that Dr Sohail had provided evidence of CPD, keeping his knowledge and skills up to date, and evidence as requested by the previous Tribunal suggesting he had remediated.

For Dr Sohail

35. Ms Claire Robinson, Counsel, invited the Tribunal to note that Dr Sohail's fitness to practise was found to be impaired due to the police caution and the misconduct found in relation to paragraph 2 of the Allegation. She submitted there were no patient safety concerns in this case. She reminded the Tribunal that the previous Tribunal had concerns about Dr Sohail's failure to address the root causes of his behaviour and that he did not have any strategies in place to prevent the risk of repeating his behaviour. Since the hearing in 2024, Ms Robinson submitted that Dr Sohail has developed significant and impressive insight and had worked very hard to understand why he acted in the way he did when sending the insulting messages, as well as candidly explained what he meant by them.

36. Ms Robinson submitted that Dr Sohail has taken full responsibility for his behaviour and has not sought to minimise the seriousness of his actions, or to excuse what he did. She referred the Tribunal to salient paragraphs in Dr Sohail's reflective statement, adding that Dr Sohail was deeply ashamed of his behaviour and had apologised for it. She submitted that through the courses he had undertaken, Dr Sohail had recognised the root cause of his behaviour and had put in place strategies to deal with similar situations in the future. Ms Robinson submitted that Dr Sohail has done all he could to remediate his behaviour and to ensure there was no real risk of repetition. She added that a well-informed member of the public, taking account of everything Dr Sohail has done, would not feel that a finding of impaired fitness to practise is required on public interest grounds.

37. Ms Robinson then referred the Tribunal to the testimonials received from Dr Sohail's clinical colleagues in the UK and in Pakistan, none of which raised concerns about Dr Sohail's clinical skills or his character.

The Relevant Legal Principles

38. In a review case, in practical terms, there is a persuasive burden upon the doctor to demonstrate that all the concerns which had been identified had been adequately addressed, and that remediation had taken place. If so, a Tribunal might then conclude that the doctor's fitness to practise is no longer impaired.

39. The Tribunal was mindful that the decision in relation to impairment is a matter for the Tribunal's judgement alone. As noted above, the 2024 Tribunal set out the evidence that a future Tribunal may be assisted by. The Tribunal was aware that it was for the doctor to satisfy it that he would be safe to return to unrestricted practice.

40. The Tribunal reminded itself of the questions posed by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of *CHRE v NMC and Grant* [2011] EWHC 927 (Admin), as follows:

'Do our findings of fact in respect of the doctor's misconduct...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.'*

41. This Tribunal must determine whether Dr Sohail's fitness to practise is impaired today, taking into account his conduct 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

42. The Tribunal considered whether Dr Sohail's fitness to practise is currently impaired by reason of his misconduct and caution.

43. The Tribunal had regard to the findings and conclusions of the 2024 Tribunal, to the submissions from both parties, and to the documentation that has been provided to this Tribunal.

44. From the evidence placed before it, the Tribunal was satisfied that Dr Sohail's misconduct was remediable and that it has been remediated. Of particular relevance in reaching this conclusion were Dr Sohail's personal reflections and his oral evidence.

45. The Tribunal noted that Dr Sohail has been working at a hospital in Pakistan since December 2024 to keep his medical knowledge and skills up to date. It noted from the testimonials received from his clinical colleagues that there are no concerns about Dr Sohail's clinical practice.

46. The Tribunal noted that that Dr Sohail had undertaken various online continuous professional development (CPD) courses specifically targeted to addressing the concerns identified by the 2024 Tribunal.

47. The Tribunal had regard to Dr Sohail's oral evidence during which he openly and candidly expressed regret for his behaviour, identified the causes of his behaviour towards the victim in the messages. Further, Dr Sohail has explained to the Tribunal the reasons why he reacted the way he did and has clearly described the impact of his actions upon the victim, the wider communities, and the public's confidence in the medical profession. The Tribunal notes, however, that Dr Sohail has not provided any objective evidence where he has applied the learning he has gained from the courses in his personal life. The Tribunal noted that since the matters which are the subject of this review hearing, there is no evidence to suggest Dr Sohail has acted in a similar way, or that there are any concerns about his clinical practice. The Tribunal considered that Dr Sohail has adequately addressed the concerns identified by the 2024 Tribunal.

48. The Tribunal upon checking noted the time period for sending the offensive messages took place was from 9:07pm – 9:21pm; a period of 14 minutes.

49. The Tribunal was mindful that, prior to these events, Dr Sohail was subject to a GMC warning following a police caution for common assault in 2014, but that matter was separate to the matters before this Tribunal. It had been some six years between the two matters.

50. Having considered the evidence set out above, the Tribunal was satisfied that Dr Sohail recognised that his misconduct was his alone, and that this and his caution were very serious matters. He has taken steps to recognise what he had done wrong and why it was wrong, and has put in place strategies to help him to prevent a repetition of his misconduct. The Tribunal was satisfied that, in all the circumstances, there was a low risk of Dr Sohail repeating his misconduct.

51. The Tribunal considered that Dr Sohail's reflective statement was personal and nuanced. It demonstrated that he fully accepted that his actions were serious and offensive and that he was wholly responsible for those actions. Dr Sohail considered and demonstrated an understanding of the impact of his conduct on the victim, the wider community, his professional colleagues and the reputation of the profession. He has taken steps to address the concerns specifically identified by the 2024 Tribunal through attendance and completion of relevant courses. As a result, Dr Sohail was better able to recognise the reasons for his conduct and the steps necessary to prevent any recurrence.

52. This Tribunal is satisfied that Dr Sohail has produced persuasive evidence that he has remediated the misconduct found by the previous Tribunal. He has demonstrated that he has sufficient insight into his misconduct. And so, whilst the Tribunal is satisfied that the risk of Dr Sohail repeating his misconduct is low, it considers that the concerns of the nature identified in this case require constant vigilance to ensure they are not repeated.

53. The Tribunal considered that the period of suspension marks the seriousness of Dr Sohail's behaviour and promotes and maintains proper professional standards and conduct for members of the profession. It had also served to promote and maintain public confidence in the medical profession. The Tribunal was mindful that there were no patient safety concerns in this case.

54. In the circumstances, the Tribunal has determined that Dr Sohail's fitness to practise is not impaired by reason of misconduct and caution. It considers that there is a public interest in good and capable doctors returning to unrestricted practice when they can do so is consistent with the overarching statutory objective. The Tribunal has concluded that there is no reason for further or continued restrictions to be placed on Dr Sohail's registration.

55. The Tribunal noted that the current suspension on Dr Sohail's registration is due to expire on 12 June 2025. The Tribunal took into account that the misconduct found in this case was serious and the 2024 Tribunal imposed a period of suspension for ten months to mark the seriousness of the caution and the misconduct found. In light of this, the Tribunal determined that the current substantive sanction of suspension should remain in place to run its course.

56. That concludes this case.