PUBLIC RECORD

Dates: 01/08/2025; 16/09/2025

Doctor:	Dr Sohier EL-NEIL
GMC reference number:	4157384
Primary medical qualification:	MB ChB 1987 University of Zimbabwe

Type of case
Review - Misconduct

Outcome on impairment
Impaired

Summary of outcome
Suspension, 3 months
Review hearing directed

Tribunal:

Legally Qualified Chair	Ms Joanne Shelley
Lay Tribunal Member:	Mr Juleun Lim
Registrant Tribunal Member:	Dr Sarah Jeffery

Tribunal Clerk:	Ms Keely Crabtree - 01/08/2025 Ms Jemine Pemu - 16/09/2025

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Lawrence Davies, Equal Justice
GMC Representative:	Ms Isobel Thomas, 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 - 16/09/2025

1. At this review hearing the Tribunal now 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 El-Neil's fitness to practise is impaired by reason of misconduct.

Background

2. Dr El-Neil qualified as a doctor in 1987 from the University of Zimbabwe and went on to specialise in obstetrics and gynaecology. She moved to the UK in 1990 and became a member of the Royal College of Obstetricians and Gynaecologist in 1994. Following completion of her training, she took up a post as a Consultant Gynaecologist specialising in Urogynaecology and Uro-neurology in 2004 at University College Hospital and the National Hospital for Neurology and Neurosurgery, London.

3. The initial concerns were raised by Patient A with the GMC via an online complaint form dated 22 March 2021. Patient A complained about the treatment she received from Dr El-Neil regarding the removal of an implanted Gynecare TVT Obturator System ('the Mesh').

4. In summary, on 23 October 2017 Dr El-Neil consulted with Patient A about symptoms related to the Mesh. Patient A complained that Dr El-Neil had led her to believe that all the Mesh could be removed in one operation. She also complained that at her post operative review she was informed by Dr El-Neil that all the Mesh had in fact been removed. In contrast, she learned several months later that further surgery would be required to remove all the Mesh.

5. A Medical Practitioners Tribunal (MPT) convened to consider Dr El-Neil's case on 7 to 21 October 2024 ('the 2024 Tribunal'). Dr El-Neil was present and represented. The 2024 Tribunal's findings on facts related to two parts. The first related to the failure of Dr El-Neil to obtain informed consent for the surgical intervention from Patient A. The second related to Dr El-Neil's dishonest representation to NHS Highland as to the nature of the surgery that had been performed.

Failure to obtain informed consent

6. Dr El-Neil admitted that she failed to obtain informed consent from Patient A for removal of the Mesh ('the Mesh Removal Procedure'), in that she knew, that Patient A did not want a partial removal of the Mesh.

7. The 2024 Tribunal found that Dr El-Neil told Patient A that she could fully remove the Mesh, or words to that effect and failed to explain to Patient A that only part of the Mesh was likely to be removed during the Mesh Removal Procedure.

8. The 2024 Tribunal found that on 13 December 2017, Dr El-Neil was part of the surgical team performing the Mesh Removal Procedure, and following completion, when asked by Patient A 'did you get all of my Mesh?' Dr El-Neil responded by saying 'yes'. The 2024 Tribunal found that Dr El-Neil knew or ought to have known that not all of the Mesh had been removed.

9. The 2024 Tribunal considered that obtaining informed consent was essential for any intervention undertaken by a doctor and was especially important when surgical intervention was being considered. The 2024 Tribunal was satisfied that Dr El-Neil's failure to obtain informed consent fell so far short of the standards expected so as to amount to misconduct which was serious.

Dr El-Neil's dishonest representation to NHS Highland

10. Dr El-Neil admitted that on 28 March 2018 she wrote to NHS Highland regarding the Mesh Removal Procedure and stated *'we were able to remove the mesh in its entirety. It was quite firmly embedded into the obturator fascia'*. The 2024 found that this was a dishonest representation to NHS Highland as to the nature of the surgery that had been performed by reason of Dr El-Neil having known, or having ought to have known, that not all of the Mesh had been removed.

11. The 2024 Tribunal was satisfied that Dr El-Neil's dishonest conduct fell so far short of the standards to be expected of a doctor so as to amount to serious misconduct.

The 2024 Tribunal's Overall findings

12. The 2024 Tribunal determined that Dr El-Neil's fitness to practise was impaired by reason of all of her misconduct. It determined that a finding of impairment was necessary 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.

13. The 2024 Tribunal determined that whilst there had been a serious departure from GMP, Dr El-Neil had engaged with the regulator and shown a willingness to engage with remediation for her failure to obtain informed consent. The 2024 Tribunal also considered that Dr El-Neil's dishonesty was remediable, it was a single incidence of dishonesty six years

prior and occurred in circumstances where she was under a lot of pressure and not adequately supported in her department.

14. In all the circumstances, the 2024 Tribunal concluded that the appropriate sanction was one of suspension. It determined that a 9-month suspension would sufficiently mark the seriousness of the misconduct found in this case and uphold the over-arching objective specifically to maintain public confidence in the profession and uphold proper professional standards. The 2024 Tribunal also determined that a review hearing was necessary. It clarified that at the review hearing; the onus would be on Dr El-Neil to demonstrate how she had developed insight into the impact her misconduct had on public confidence in the profession and that she had maintained her knowledge and skills.

The Evidence

15. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to, the following:

- MPTS Record of Determination dated 7 to 21 October 2024;
- Dr El-Neil's Curriculum Vitae (CV);
- Dr El-Neil's reflection log;
- Dr El-Neil's Continuous Professional Development (CPD) log;
- Dr El-Neil's proposed re-entry plan;
- Dr El-Neil's academic log;
- Dr El-Neil's International Collaborations;
- Dr El-Neil's Parliamentary Group Invitations;
- Key issues identified at the London Complex Mesh Service provided by Dr El-Neil;
- Patient testimonials and Dr El-Neil's reflective review;
- Colleague testimonials and Dr El-Neil's reflective review

16. Dr El-Neil provided her own witness statement dated 4 July 2025 and also gave oral evidence at the hearing.

Submissions

17. On behalf of the GMC, Ms Isobel Thomas reminded the Tribunal of the background of the case by the 2024 Tribunal as above. She said that that the issue of impairment was a matter for the Tribunal's own independent judgement.

18. Ms Thomas stated that there was a persuasive burden on Dr El-Neil to show that her fitness to practise was no longer impaired. She said the GMC accepted that Dr El-Neil had provided evidence of maintaining her clinical skills and knowledge since the case was last

before the 2024 Tribunal. However, one of the concerns in relation to the informed consent matter which was raised by the previous 2024 Tribunal was that Dr El-Neil had sought to blame her colleague Dr E for what went wrong in terms of the breakdown of communication. Ms Thomas stated that there were no specific reflections on this in Dr El-Neil's witness statement, but further oral evidence has been given by her in regard to this today. Ms Thomas said that it was a matter of course for the Tribunal whether they accept that evidence. Ms Thomas submitted that the GMC do suggest that further reflection and insight could have been provided.

19. Ms Thomas said that more significantly, in terms of the dishonesty, the GMC submitted that Dr El-Neil had failed to gain sufficient insight into the dishonesty that was found proved. She said that dishonesty is a fundamental breach of professional standards and is inherently difficult to remediate. She submitted that Dr El-Neil's witness statement was silent as to this dishonesty matter specifically.

20. Ms Thomas said that the skeleton arguments submitted by the defence seek to advance the point that NHS Highland did not view the conduct as dishonest, the inference being the 2024 Tribunal should not have viewed it as dishonest either. However, the 2024 Tribunal did find that Dr El-Neil was dishonest. She said this was a fact, and the purpose of today was not to seek to go behind that decision, but to determine whether Dr El-Neil had gained the appropriate insight and remediated, and whether her fitness to practise remained impaired.

21. Ms Thomas stated that Dr El-Neil says that she has gained a deep insight and accepts the finding of the previous 2024 Tribunal. However, the GMC suggest that any attempt to undermine the previous decision undermines that contention. Ms Thomas submitted that Dr El-Neil has not fully reflected on the dishonesty specific to the allegation that was found proved and why she may have behaved dishonestly. Furthermore, there remains a risk that the behaviour may be repeated. Ms Thomas submitted that Dr El-Neil's witness statement was lacking in this regard, and the GMC suggests that Dr El-Neil should have reflected further on what caused the dishonesty and what systems she has in place to ensure that she does not behave in such a way again.

22. Ms Thomas submitted that Dr El-Neil remains impaired by reason of misconduct and that such a finding is required to meet the overriding objective in order to maintain public confidence and uphold standards in the medical profession.

23. Mr Lawrence Davies provided detailed written submissions which he added to with oral submissions.

24. On behalf of Dr El-Neil, Mr Lawrence Davies reminded the Tribunal that Dr El-Neil had committed a single act of dishonesty over 6 years ago at the time of the 2024 Tribunal, which occurred in circumstances in which she was under a lot of pressure and not adequately supported in her department. The act of dishonesty was not covered up and there was no

repetition of the two acts of misconduct. The 2024 Tribunal also accepted that there was no risk to patient safety.

25. Mr Davies referred the Tribunal to Dr El-Neil's witness statement dated 4 July 2025 and her CV. He stated that Dr El-Neil has entered into a period of deep reflection which is demonstrated in her reflection logs provided to the Tribunal. Mr Davies said that the first 11 logs address consent, the sanctions, candour, communication and ethics.

26. Mr Davies stated that Dr El-Neil had educated herself and as her CPD Log demonstrates, she has attended 42 courses in the interim during her 9-month suspension. He submitted that this shows a remarkable commitment to remediation, and self-improvement. Mr Davies said that these courses covered consent, communications, ethics, appraisal, safety and clinical governance. In addition, Dr El-Neil was already an accredited appraiser and voluntarily undertakes three-yearly recertifications which demonstrates her dedication to improve and develop other medical professionals. Dr El-Neil has also produced numerous academic works/papers in the interim.

27. Mr Davies stated that the UK medical profession has very few well-respected international experts and referred the Tribunal to Dr El-Neil's international collaborations. He said that Dr El-Neil was one of three world experts to be invited by the United Nations to draft the framework for Fistula clinical work, and the only one from the UK.

28. Mr Davies stated that Dr El-Neil has also continued to contribute to policy development by various all Party Parliamentary Group meetings and work.

29. Mr Davies stated that Dr El-Neil had received countless testimonials from consultants and senior medical practitioners in the UK medical profession and wider. He said that this demonstrates how highly she remains regarded in the medical profession despite all testimonial givers being fully apprised of the 2024 Tribunal's 9-month suspension decision and the dishonesty finding.

30. Mr Davies stated that Dr El-Neil has also attracted countless unsolicited patient testimonials over a lengthy period (all but 3 of about 152 are entirely positive). He said that this demonstrates her reputation and status prior to MPT Decision and more importantly during the period of proven misconduct, and thereafter.

31. Mr Davies stated that Dr El-Neil was clearly apologetic, did not appeal the 2024 Tribunal outcome, had accepted and acknowledge the decision and grown from it. He submitted that Dr El-Neil had fully remediated, gained deep insight, and throughout it all she has remained an outstanding credit to the medical profession, according to independent testimonials made in the full knowledge of her proven wrongdoing.

32. Mr Davies submitted that any continued suspension or censure of Dr El-Neil would bring the medical profession into serious disrepute.

33. Mr Davies stated that the GMC offers no documentary evidence against readmission but stubbornly and wrongly apparently seeks a longer suspension for Dr El-Neil's for alleged reasons yet unknown. Furthermore, the GMC ignores the overwhelming evidence of remediation, and its stance appears to be disproportionate, and very regrettable.

34. Mr Davies stated that the public is best served and protected, the medical profession's standards best upheld, and the public interest and patients' interests are best served by Dr El-Neil's immediate return to practice. That said, Dr El-Neil recognises that her immediate return will require a careful and considered path back to practice which she has set out by way of further remediation.

The Relevant Legal Principles

35. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. This Tribunal is aware that it is for the doctor to satisfy that she would be safe to return to unrestricted practise.

36. This Tribunal must determine whether Dr El-Neil's fitness to practise is impaired today, taking into account Dr El-Neil's 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.

37. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as endorsed by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin.* The Tribunal should therefore consider whether the practitioner:

> *'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 in the future to act dishonestly in the future.'*

38. The Tribunal also had regard to paragraph 164 of the SG as follows

> *'164 In some misconduct cases it may be self-evident that, following a short suspension, there will be no value in a review hearing. However, in most cases where a period of suspension is imposed, and in all cases where conditions have been imposed, the tribunal will need to be reassured that the doctor is fit to resume practice – either*

unrestricted or with conditions or further conditions. A review hearing is therefore likely to be necessary, so that the tribunal can consider whether the doctor has shown all of the following (by producing objective evidence):

a they fully appreciate the gravity of the offence

b they have not reoffended

c they have maintained their skills and knowledge

d patients will not be placed at risk by resumption of practice or by the imposition of conditional registration.'

39. The Tribunal has borne in mind all three limbs of the statutory overarching objective: to protect and promote the health, safety and wellbeing of the public; to promote and maintain public confidence in the medical profession and to promote and maintain proper professional standards and conduct for members of the medical profession.

The Tribunal's Determination on Impairment

40. The Tribunal had regard to the findings of the 2024 Tribunal, including the further evidence that it thought might be of assistance for Dr El-Neil to provide. It had regard to the conclusions of the 2024 Tribunal in respect of the level of insight and remediation that Dr El-Neil had shown at that point. The Tribunal also had regard to all the written and oral evidence from both parties.

41. The Tribunal was of the view that overall Dr El-Neil now accepted, in principle, the findings of the 2024 Tribunal subject to the points made below in terms of the findings of dishonesty. The Tribunal noted that she had not appealed the findings of the 2024 Tribunal.

42. The Tribunal agreed that Dr El-Neil had provided evidence of maintaining her clinical skills and knowledge since the case was last before the 2024 Tribunal.

Failure to obtain informed consent

43. The Tribunal went on to consider the evidence of insight and remediation in regard to the issue of informed consent. The Tribunal had regard to Dr El-Neil's extensive reflection log, as follows:

'I learned that informed consent in mesh removal and complex pelvic surgery must go far beyond the procedural outline. It must include:

• Clear visual and verbal explanations of what parts of the mesh can and cannot be removed.

• A documented and witnessed conversation about surgical limitations, risk of symptom recurrence, and anatomical boundaries.
• Emotional support for patients who are already traumatised and often feel dismissed by the medical system.

I also learned that consent is not a static document—it is a living dialogue. While patient information leaflets are useful, they cannot replace human discussion that addresses patient-specific concerns, especially around terms like "partial" vs "complete" removal.'

…

This incident has profoundly reshaped my consenting practice. I now understand that even indirect involvement carries a duty of oversight, especially when a colleague is taking consent on my behalf or delivering the procedure.

When I return to clinical practice, I will:

• Personally verify consent for all complex procedures I am responsible for—even if another consultant is assisting or operating.

• Develop structured consent templates specifically for mesh removal surgery that include diagrams and patient-signed declarations confirming their understanding.

• Use pre-op MDT discussions with nursing teams to cross-check that the patient's expectations are aligned with clinical plans.

…

This experience taught me that consent is not an administrative task—it is a living dialogue shaped by history, power, expectation, and trust.

From a legal perspective, I learned that:

Even when a consultant colleague performs the procedure and takes consent, ultimate accountability may rest with the service lead—especially if the patient's trust is explicitly anchored to them.'

44. The Tribunal had regard to Dr El-Neil's oral evidence. When asked by the GMC if she accepted that it was her responsibility to ensure that informed consent was given, Dr El-Neil said that she did accept this. Further, that she stated that it was very helpful after the 2024 Tribunal decision to have the opportunity to review all the processes. This involved looking at the whole issue of informed consent from start to finish, including the whole patient journey within the clinical service in which she was the senior lead at the time.

45. Dr El-Neil was asked by the GMC if she accepted whether providing proper care to a patient was more important than potentially undermining a colleague's position. Dr El-Neil said that at the time of the 2024 Tribunal it was her understanding that you had to be cautious about team relationships and understand the role of everybody in the team. Dr El-Neil referred the Tribunal to her remediation bundle and said that she had done a lot of work on this, not just team building and team resilience but also understanding how to deal with consultant colleagues without undermining their authority. Dr El-Neil said that one of the best things that has come out of this process was to be able to really review the entire consenting process in a clinical setting. Which meant everyone being present together, working together and checking it together, and that included herself. She said that colleagues could check on her and her on them, so that everyone works on it together to ensure the best direction for the patient.

46. When asked by the GMC whether she accepted that the best direction for her patient was more important than potentially undermining a colleague, Dr El-Neil repeated that she thought this was the way forward and it had to be like that. Not just in her field but in all fields. She said it was about maintaining patient centredness in the whole process.

47. Dr El-Neil told the Tribunal that she now had a team approach to consent and had undertaken specific courses on this. She said that she had learnt how best to communicate with colleagues and how to address difficult issues.

48. The Tribunal accepted and was persuaded that Dr El-Neil had gained significant insight and reflected on her actions in regard to informed consent since the index events. It also accepted her evidence that she had made significant changes to her working practices. This was all evident in the frank and contrite oral evidence she gave to the Tribunal and the extensive documentary evidence she provided.

Dr El-Neil's dishonest representation to NHS Highland

49. The Tribunal went on to consider the evidence of insight and remediation in regard to the issue of dishonesty.

50. The Tribunal acknowledged that in her oral evidence Dr El-Neil at a high level said that she had accepted, reflected, gained knowledge and had learnt from the dishonesty finding. However, the Tribunal considered that Dr El-Neil failed to acknowledge or address her specific role within the finding of dishonesty.

51. The Tribunal agreed that dishonesty is a fundamental breach of professional standards and is inherently difficult to remediate. The Tribunal were concerned to note that Dr El-Neil's witness statement was silent as to this dishonesty matter specifically.

52. Furthermore, the Tribunal were concerned that skeleton arguments submitted by the defence and submissions made by them seek to advance the point that NHS Highland did not

view the conduct as dishonest, the inference being the 2024 Tribunal should not have viewed it as dishonest either. The defence also submitted that had the 2024 Tribunal had further evidence that they say was available but not put before the 2024 Tribunal they may have made a different finding in terms of dishonesty. However, this Tribunal noted that the 2024 Tribunal did find that Dr El-Neil was dishonest. Dr El-Neil had elected not to exercise her right of appeal against the 2024 Tribunal findings and that the purpose of this review hearing was not to seek to go behind that decision made by the 2024 Tribunal.

53. The Tribunal considered that attempts by the defence to undermine the previous decision in relation to the dishonesty finding undermines the contention that Dr El-Neil had accepted and acknowledged the decision and grown from it.

54. The Tribunal also noted that when asked by the GMC what she had done to reflect and address the dishonesty, Dr El-Neil referred to her reflective logs relating to candour and communication.

55. The Tribunal had regard to Dr El-Neil's reflections log in regard to the 2024 Tribunal's findings of dishonesty and noted Dr El-Neil's plan to:

> *'Maintain a* ***personal reflection log and feedback loop*** *to monitor how well I am meeting candour and communication standards in daily practice.'*

56. However, the Tribunal was surprised that nowhere else within the extensive evidence provided by Dr El-Neil was there any specific reflections or insight in relation to the specific finding of dishonesty and why she may have behaved dishonestly.

57. In her oral evidence she spoke about her language style in the letter to NHS Highland and how meanings within the letter she had written being misinterpreted and not what she understood it to have meant when writing the letter. This appeared to the Tribunal to be an attempt to justify her actions in terms of the letter as not being intended to be a dishonest letter but rather poor communication style had led to a mere misunderstanding.

58. The Tribunal noted that Dr El-Neil had undertaken a CPD activity/course on *' RCOG Communication Skills'.* Dr El-Neil reflected that *'Such governance training ensures safety and quality; communication modules reinforce honest, transparent patient communication — all of which are essential to duty of candour'*. The Tribunal concluded that this did not show sufficient insight into her own personal role in the finding of dishonesty or an acceptance of dishonest intentions in writing the letter in the way she did to NHS Highland.

59. Whilst the Tribunal accepted that there was evidence of partial insight into the dishonesty finding in terms of her communication style and candour in the future, it concluded that Dr El-Neil had not fully reflected and developed insight into her personal conduct as to the dishonesty specific to the allegation as of today. Although she does appear to have made changes in relation to her communication style that flow from the dishonesty allegation she does not appear to have reflected as to why she behaved dishonestly.

60. The Tribunal decided that without a genuine unequivocal acceptance that she had acted dishonestly as per the findings of the 2024 Tribunal Dr El-Neil cannot have developed full insight or shown adequate remediation.

61. The Tribunal remained concerned that in the absence of the development of full insight, or acceptance of her personal role in the finding of dishonesty, Dr El-Neil has not been able to establish what systems she would now have in place to ensure that she did not behave in a dishonest manner in the future. Whilst the Tribunal accept that this was a one-off incident of dishonesty which occurred a number of years ago and have not been provided with any evidence of a repetition of dishonest behaviour by Dr El-Neil, the Tribunal decided that the risk of repetition remained.

62. The Tribunal concluded that, given its findings that remediation and insight were incomplete in regard to the previous findings of dishonesty, a finding of impairment was necessary.

63. The Tribunal has therefore determined that Dr El-Neil's fitness to practise is impaired by reason of misconduct and that such a finding is required to meet the overriding objective in order to maintain public confidence and uphold standards in the medical profession.

Determination on Sanction - 16/09/2025

64. Having determined that Dr El-Neil's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to Dr El-Neil's registration.

The Evidence

65. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing where relevant to reaching a decision on what action, if any, it should take with regard to Dr El-Neil's registration.

Submissions

On behalf of the GMC

66. Ms Thomas, counsel submitted that the appropriate and proportionate sanction at this stage of review remains one of suspension. She reminded the Tribunal that the ultimate decision on sanction is a matter for its own independent judgment.

67. Ms Thomas directed the Tribunal to the Sanctions Guidance ('the SG'), in particular those paragraphs which address probity and dishonesty. She noted paragraph 56a, which makes clear that concerns about probity are always treated seriously and that tribunals are

likely to take more serious action where such concerns are present. Ms Thomas further referred to paragraphs 120 to 128, which emphasise that dishonesty, whether or not it occurs in a clinical context, is inherently serious. She reminded the Tribunal that good medical practice requires doctors to be honest and trustworthy and that dishonesty can undermine the trust the public and patients are entitled to place in the profession. Ms Thomas highlighted that paragraph 124 of the SG makes clear that dishonesty outside the clinical environment can nonetheless be particularly serious because it undermines public confidence in the medical profession, and that evidence of clinical competence cannot mitigate serious dishonesty.

68. In relation to mitigating factors, Ms Thomas submitted that the misconduct, in terms of dishonesty, took place over seven years ago. She described it as an isolated incident of dishonesty. Ms Thomas added that Professor El-Neil has no fitness to practise history. She said that Professor El-Neil also appears to be demonstrating some insight, although it is clearly still insufficient at this stage.

69. Ms Thomas submitted Dr El-Neil's insufficient level of insight remains an aggravating factor. She referred to paragraph 56a of the SG, which advises tribunals that they are likely to take more serious action where there are issues relating to probity. Ms Thomas also directed the Tribunal to paragraphs 120 to 128 of the Sanctions Guidance, which specifically address dishonesty. She said that paragraph 120 states that good medical practice requires that registered doctors must be honest and trustworthy and that their conduct must justify their patients' and the public's trust in the profession.

70. Ms Thomas noted that paragraph 124 sets out that although dishonesty outside a doctor's clinical responsibility may not result in direct harm to patients, such dishonesty is particularly serious because it can undermine the trust the public places in the medical profession. She said health authorities must be able to trust the integrity of doctors and that when a doctor undermines that trust, there is a risk to public confidence in the profession. Ms Thomas reminded the Tribunal that evidence of clinical competence cannot mitigate serious dishonesty and submitted that the dishonesty in this case is serious.

71. Ms Thomas then addressed the Tribunal on each of the possible sanctions. In respect of no action, she submitted that there were no special or exceptional circumstances in this case that could justify taking no action. In relation to conditions, Ms Thomas stated that the Tribunal should consider paragraphs 81 to 84 of the SG, but submitted that none of the factors set out in paragraph 81 apply given the finding of dishonesty. She submitted that the lack of insight displayed by Professor El-Neil means that conditions are unlikely to be workable. Ms Thomas also reminded the Tribunal that the previous Tribunal had expressed concerns about the workability of conditions, given the specialist nature of Professor El-Neil's role and the fact that there would be no one available to supervise her work.

72. Turning to suspension, Ms Thomas referred to paragraphs 91 to 93 of the SG, which set out when suspension may be appropriate. She submitted that dishonesty of the type found against Professor El-Neil, which has not yet been remediated, warrants a severe

sanction. Ms Thomas submitted that paragraph 97 of the SG is engaged, specifically subsections (a), (e) and (f). She submitted that there had been a serious departure from good medical practice, but that the misconduct is not so difficult to remediate that complete removal from the register is required in the public interest. Ms Thomas stated that there is no evidence demonstrating that remediation is unlikely to be successful, and there has been no evidence of repetition of similar behaviour since the incident. For these reasons, Ms Thomas submitted that suspension is the appropriate sanction.

On behalf of Dr El-Neil

73. Mr Davies, counsel, began by expressing gratitude to the Tribunal for its decision that the doctor had demonstrated sufficient insight and remediation in relation to the issue of informed consent. He explained that the remaining matter for the Tribunal was the lack of remediation or insight into a single act of dishonesty, which had taken place more than seven years ago. Mr Davies reminded the Tribunal that the law does not allow the imposition of a punitive sanction, nor can the Tribunal impose what would amount to a double sanction.

74. Mr Davies submitted that the Tribunal must have regard to the fact that this was an isolated act of dishonesty in which no patient was harmed. He emphasised that Professor El-Neil had already served a nine-month suspension, during which she was unable to practise, suffered serious damage to her career, and sustained significant financial loss. Mr Davies submitted that for one act of dishonesty, historic and never repeated, this was "a lot." He noted that the original Tribunal had considered nine months' suspension to be sufficient and argued that most members of the public would also regard that as a severe sanction.

75. Mr Davies drew the Tribunal's attention to comparator cases to illustrate the need for proportionality and consistency. He referred in particular to the case of a white male consultant at UCLH who removed a woman's vagina without consent, falsified medical records, and received a five-month suspension. Mr Davies submitted that this demonstrated the importance of consistency and proportionality, and that in the absence of discrimination, Professor El-Neil's sanction should be no more severe than what is necessary.

76. Mr Davies submitted that there was no risk of recurrence in this case. He reminded the Tribunal that there had never been any other instance of dishonesty in Professor El-Neil's long career. On the contrary, she had shown bravery by reporting patient safety concerns and racism by colleagues, including consultants at UCLH, to the GMC. She had done so in the knowledge that whistleblowers often face retaliation. Mr Davies invited the Tribunal to admire Professor El-Neil's courage and to note that even the Secretary of State for Health has emphasised that whistleblowers who expose negligence and racism in hospitals should be supported.

77. Mr Davies submitted that any sanction must be proportionate and consistent and referred the Tribunal to case law on consistency. He argued that no further sanction was required in order to protect patients, the public interest, or the profession, since Professor El-Neil had already served her sanction. Mr Davies said that continued suspension could not be

justified and that most people would regard the original suspension as disproportionate in any event. He added that Professor El-Neil had not appealed that decision, and by not appealing, she had legally accepted it.

78. Mr Davies submitted that, in the alternative, if the Tribunal was not with him on taking no further action, it should accept written undertakings. He explained that Professor El-Neil was prepared to enter into undertakings, including that she would not communicate directly with patients or funders without oversight from her manager or another consultant. This, he said, showed her willingness to place safeguards around her practice.

79. Mr Davies also addressed the suggestion made on behalf of the GMC that conditions were unworkable. He submitted that this was not correct, as other consultants had already volunteered to supervise her, and this was included in the remediation bundle. Mr Davies stated that to continue suspension on the basis that supervision was impossible would amount to closing the door on her return to practice and would risk achieving erasure by default. If suspension were to continue, he argued, it should be only to a defined date, believed to be in October, after which it should be automatically lifted.

80. Mr Davies stressed that there was no patient risk involved in this case. He said Professor El-Neil had been dismissed by UCLH and was currently unemployed. Mr Davies stated that any application for medical work in the NHS would involve a rigorous interview process which would ensure public protection. He described Professor El-Neil as a world leader in her field, someone looked to by international bodies, and said that there are very few black African world leaders in medicine. Mr Davies argued that to continue her suspension would risk damaging public confidence in the profession and harm patients by depriving them of her expertise.

81. Mr Davies submitted that dishonesty exists on a sliding scale, from white lies to serious fraud. He argued that the dishonesty found in this case should not be equated with deliberate lies for personal gain or with fraud causing patient harm. Mr Davies reminded the Tribunal that no patient was harmed, and that NHS Highland had never made a complaint of dishonesty. He stated that if NHS Highland had truly believed they had been lied to it would have been a criminal offence for them to continue funding the project. Mr Davies suggested that the fact NHS Highland funded a second operation was striking, and illustrated that they had not considered Professor El-Neil dishonest.

82. Mr Davies submitted that Professor El-Neil has accepted the Tribunal's finding of dishonesty. He urged the Tribunal to consider the consequences of the dishonesty being that there had been no complaints made at the time, no patients were harmed, and there was no loss to NHS Highland. Mr Davies warned the Tribunal against a downward spiral whereby any attempt to explain the truth of the context was interpreted by the GMC as a lack of remediation. He argued that Professor El-Neil had already served her time, had acknowledged the finding of dishonesty, and had expressed regret.

83. Mr Davies submitted that there was no basis for imposing any further sanction in this case. He said that to do so would be disproportionate, irrational, and wrong. He invited the Tribunal to take no further action. If, however, the Tribunal disagreed, he urged them to accept written undertakings as a proportionate alternative. Mr Davies concluded by saying that the time had come to move forward, to protect patients and the public interest by enabling Professor El-Neil to return to work, with all necessary protections in place, rather than leaving her suspended for the rest of her career.

The Tribunal's Determination

84. The Tribunal's decision as to the appropriate sanction to impose on Dr El-Neil's registration, if any, is a matter for the Tribunal exercising its independent judgment. In reaching its decision, the Tribunal should take account of the Sanctions Guidance (February 2024) ('SG') and the overarching objective of S1 of The Medical Act 1983.

85. In reaching its decision, the Tribunal should have regard to the principle of proportionality, balancing Dr El-Neil's interests with those of the public. Throughout its deliberations the Tribunal should bear in mind that the purpose of a sanction is not to punish a doctor, although a sanction may have a punitive effect. The Tribunal was reminded of the case of *Bolton v The Law Society [1994] 1 WLR 512*, in which Sir Thomas Bingham stated, "*in cases of significant professional dishonesty, mitigation has a necessarily limited role"* and *'The reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits, but that is a part of the price.'*

86. The Tribunal must also bear in mind that in deciding what, if any, sanction to impose, it should consider all the sanctions available, starting with the least restrictive and consider each sanction in ascending order until the overarching objective is met.

Aggravating & Mitigating Factors

87. In reaching its decision, the Tribunal first considered the aggravating and mitigating factors present in this case.

88. The Tribunal considered that there were several aggravating features in this case. Dr El-Neil has not yet demonstrated sufficient insight into the finding of dishonesty, her role in that dishonesty, or how she would act differently to avoid dishonest conduct in the future. While there was no evidence of direct patient harm, the fact that a doctor has been found to have acted dishonestly is inherently serious. In the absence of full insight and adequate remediation, there remains a risk that public confidence in the profession will be undermined and that the reputation of the medical profession will be brought into disrepute. The Tribunal also reminded itself that dishonesty is a probity matter and that concerns relating to probity are always treated seriously.

89. The Tribunal also identified a number of mitigating factors. The dishonesty occurred more than seven years ago and was an isolated incident. Dr El-Neil has no previous history of

dishonesty and no prior fitness to practise findings. The Tribunal noted that there was no patient harm arising from the incident and that Dr El-Neil's record of clinical excellence was otherwise unblemished. It also took account of the extreme pressures she was under at the time of the events and recognised that she has shown partial insight, particularly in relation to how she would communicate differently in the future.

No action

90. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action.

91. The Tribunal considered that there were no exceptional circumstances in this case which could justify it taking no action.

92. Given the serious findings against Dr El-Neil, the Tribunal determined that to take no action would be neither appropriate nor proportionate and would fail to uphold the statutory overarching objective.

Conditions

93. The Tribunal next considered whether it would be appropriate to impose conditions on Dr El-Neil's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

94. The Tribunal noted that conditions can be appropriate in cases where there is insight, evidence of shortcomings in a specific area and where supervision could be an appropriate way of address this. Whilst, the Tribunal noted the GMC submissions that given the specialist nature of Dr El-Neil's role, there would be no one available to supervise her work within the service the Tribunal also noted that as per Mr Davies submissions and as set out in the defence supporting documents two senior colleagues had been proposed as appropriate supervisors. However, the Tribunal decided that imposing conditions in relation to a finding of dishonesty where only partial insight had been developed would not be practicable or appropriate.

95. In any event, given the serious nature of the misconduct, particularly the finding of dishonesty, the Tribunal determined that conditions would not be appropriate as the imposition of conditions would not sufficiently mark the seriousness of Dr El-Neil's misconduct.

Undertakings

96. In his submission, whilst the Tribunal noted that Mr Davies proposed undertakings from Dr El-Neil including that she would not communicate directly with patients or funders without oversight from her manager or another consultant. The Tribunal considered that such undertakings would not be appropriate, not because there was nobody sufficiently

senior or suitably qualified to monitor Dr El-Neil's correspondence given the two senior supervisors proposed by Dr El-Neil, but rather it would be extremely difficult for any third party upon consideration of another parties correspondence to determine whether there was any dishonesty in such correspondence, intentional or otherwise as they would not know the accuracy of what was being communicated. Furthermore, the proposed undertakings do not adequately address the current lack of insight.

Suspension

97. The Tribunal then went on to consider whether to impose a further period of suspension on Dr El-Neil's registration. The Tribunal had regard to paragraphs 91 - 93 of the SG:

> 91 *Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.*
>
> 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).*
>
> *93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated…*

98. The Tribunal also considered the following factors outlined at paragraph 97 of the SG to be engaged on the facts of this case:

> 97 *Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*
>
> *a) A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.*
> …
> e) *No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage…*

f) No evidence of repetition of similar behaviour since incident.

…

99. The Tribunal considered that all of the above paragraphs of the SG indicated that suspension was the appropriate sanction in this case.

100. The Tribunal reminded itself that the nine-month period of suspension originally imposed on Dr El-Neil's registration came to an end on 21 August 2025. As a result of the adjournment of this review hearing, Professor El-Neil has in practice remained suspended for a further three weeks beyond that date.

101. The Tribunal considered that Dr El-Neil has had the opportunity to remediate during the period of suspension but has not yet done so in relation to the finding of dishonesty. The Tribunal decided that it was appropriate to afford her a further opportunity to demonstrate remediation and develop insight into this aspect of her misconduct.

102. The Tribunal also had regard to the paragraphs of the SG which advise where erasure may be appropriate sanction. The Tribunal reminded itself that dishonesty was a breach of a fundamental tenet of the medical profession and any dishonesty was likely to seriously erode public confidence in both Dr El-Neil and in the medical profession as a whole.

103. However, the Tribunal has accepted the finding of dishonesty was an isolated incident over 7 years ago, not persistent and not covered up. The Tribunal was of the view it could be remediated with development of appropriate insight and remediation. Dr El-Neil was providing a valuable service to the public within Mesh removal and other services. She was a highly skilled surgeon who was in great demand. Her erasure would not be a proportionate response to the misconduct.

104. The Tribunal, therefore, concluded that Dr El-Neil's misconduct was not fundamentally incompatible with continued registration and that erasure would not be the only means of protecting the public and that it would be disproportionate in this case.

105. Accordingly, the Tribunal concluded that the appropriate sanction was one of suspension.

Length of suspension

106. The Tribunal noted that the following factors will be relevant when determining the length of suspension:

a the risk to patient safety/public protection
b the seriousness of the findings and any mitigating or aggravating factors (as set out
c ensuring the doctor has adequate time to remediate.

107. The Tribunal noted that Dr El-Neil has adequately remediated and developed sufficient insight in relation to the matter of informed consent, which had also amounted to misconduct. However, in light of its finding that her fitness to practise remains impaired by reason of dishonesty, the Tribunal determined that a further period of suspension was required. It considered that a suspension of three months, until 21 November 2025, would be reasonable and proportionate. This period would give Dr El-Neil a fair and sufficient opportunity to further develop her insight into the findings of dishonesty and to provide evidence of appropriate remediation before the next review hearing.

Review

108. The Tribunal determined that a review hearing was also necessary. It considered that the period of three months would provide Dr El-Neil the opportunity to further develop her insight and remediation. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr El-Neil to demonstrate how she has developed insight into the impact her misconduct had on public confidence in the profession and that she has continued to maintain her knowledge and skills. The Tribunal would expect Dr El-Neil to provide evidence on how she has reflected on her personal role in the finding of dishonesty, how and why the dishonest actions arose and what processes she would have in place to avoid or reduce significantly the risk of repetition in the future.

Determination on Immediate Order - 16/09/2025

109. Having determined to suspend Dr El-Neil's registration for a period of three months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether her registration should be subject to an immediate order.

Submissions

110. On behalf of the GMC, directed the Tribunal to paragraphs 172 to 178 of the SG in relation to immediate orders. She submitted that dishonesty is a fundamental breach of a fundamental tenant of the medical profession, and any dishonesty is likely to seriously erode public confidence in Professor El-Neil and in the medical profession as a whole.

111. Ms Thomas submitted that, given the serious nature of the case and the findings made by the Tribunal, an immediate order is necessary in this case to protect public confidence in the medical profession.

112. On behalf of Dr El-Neil, Mr Davies submitted that the suspension currently in place is due to run to 21 November 2025. He submitted that, subject to Dr El-Neil's right to appeal he does not oppose the application of an immediate order.

The Tribunal's Determination

113. In reaching its decision, the Tribunal considered the relevant paragraphs of the Sanctions Guidance and exercised its own independent judgment. In particular, it took account of paragraphs 172, 173 and 178:

> '*172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. …*
>
> *173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.*
>
> *…*
>
> *178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'*

114. The Tribunal determined that an immediate order was necessary to protect public confidence in the medical profession and is otherwise in the public interest. The Tribunal considered that to do otherwise would be inconsistent with its earlier determination.

115. This means that Dr El-Neil's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, 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.

116. That concludes this case.

ANNEX A – 01/08/2025
Extension of current sanction

117. Given the lateness of the hour, the Tribunal raised the question of adjourning the hearing part heard. The Tribunal determined that it would not have sufficient time to conclude the hearing in the time remaining today. As such, the Tribunal sought submissions on the question of extending the current sanction.

Submissions

Submissions on behalf of the GMC

118. Ms Thomas, Counsel, referred the Tribunal to paragraph 170 of the Sanctions Guidance (SG), which sets out that where a review hearing cannot be concluded before the conditional registration or suspension expires the Tribunal can extend it for a short period. This would allow for relisting of the review hearing. as soon as practicable and to maintain the status quo before the outcome of the review hearing.

119. Ms Thomas referred the Tribunal to section 35D(a) of the Medical Act 1983. This gives the Tribunal the power to extend a suspension in these circumstances.

120. Ms Thomas submitted that the current order of suspension should be extended, and the status quo maintained. She submitted that this was a serious case, and the current suspension was imposed to meet the overriding objective. She said that whilst unfortunate the case cannot conclude prior to the expiry of Dr El-Neil's suspension, the GMC submit that the suspension should continue until the review is concluded.

121. On behalf of Dr El-Neil, Mr Davies asked if the Tribunal could lift Dr El-Neil's suspension on a temporary basis. This would be on the basis that Dr El-Neil undertakes not to do any clinical work. He reminded the Tribunal that there was no patient harm and no patient risk in this case.

122. Mr Davies reminded the Tribunal that Dr El-Neil was unable to practise within her vocation because of the ongoing suspension or apply for work.

Tribunal's Decision

123. The Tribunal did not have sufficient time to conclude the hearing in the time remaining today. As such, it determined to adjourn this hearing part heard.

124. The Tribunal noted that the order of suspension on Dr El-Neil's registration is due to expire on 21 August 2025.

125. The Tribunal determined to extend the current order of suspension for a period of three months, by exercising its powers under Section 35D(5)(a) of the Medical Act 1983, as amended. It determined that such an extension was necessary and proportionate in the circumstances and would also allow for any unanticipated events.

126. The MPTS shall endeavour to relist the reconvened review hearing as soon as is practicable.

127. The MPTS will send Dr El-Neil a letter informing her of her right of appeal and when the extended suspension will come into effect. The current order of suspension will remain in place during any appeal period.

128. The hearing is adjourned part heard.