

**PUBLIC RECORD****Date:** 28/03/2025**Doctor:** Dr Ahmed ELSHAFY**GMC reference number:** 7497814**Primary medical qualification:** MB ChB 2004 Tanta University**Type of case** **Outcome on impairment**

Review - Misconduct Not Impaired

**Summary of outcome**

Conditions revoked

**Tribunal:**

Legally Qualified Chair	Mr Simon Bond
Registrant Tribunal Member:	Dr Sarah Marwick
Registrant Tribunal Member:	Dr Nigel Langford

Tribunal Clerk:	Mr Matt O'Reilly
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**Attendance and Representation:**

Doctor:	Present, not represented
GMC Representative:	Mr Neil Shand, Counsel

**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 Impairment - 28/03/2025

1. This determination will be read in private XXX. However, as this case concerns Dr Elshafey's misconduct, a redacted version will be published at the close of the hearing.
2. At this 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 Elshafey's fitness to practise is impaired by reason of misconduct.

## Background

3. Dr Elshafey qualified in 2004 from Tanta University, Egypt. In November 2015 he joined the register of the General Medical Council ('GMC'), from March 2016 he worked at a hospital in Wales and on 1 April 2017 he took up a position as an Associate Specialist in Ophthalmology at Furness General Hospital ('the Hospital'). He held that position at the time of the events in 2020 and 2021 which are the subject of his substantive case.
4. Dr Elshafey's substantive case was initially considered by a Medical Practitioners Tribunal (MPT), at a hearing which took place 11 to 27 September 2023 ('the 2023 Tribunal'). Dr Elshafey was present and was not legally represented. The findings of the 2023 Tribunal can be summarised as follows.
5. On 28 February 2020, during a consultation with Patient A, Dr Elshafey was found to have made inappropriate remarks to Ms A in that he complimented her hair, told her that he really liked her and that he would like to be friends outside the hospital, or words to that effect. The 2023 Tribunal found that this was inappropriate conduct in pursuit of a personal and/or emotional relationship.
6. On 20 July 2021, during an appointment with Patient B, Dr Elshafey was found to have inappropriately touched and kissed her hand. The 2023 Tribunal also found that he had inappropriately commented on her pretty appearance and dress, and inappropriately hugged her.

7. In or around Summer 2021, Nurse C had approached Dr Elshafey in his office with regards to wearing a facemask. The 2023 Tribunal found that Dr Elshafey inappropriately positioned himself in front of the clinic room door with the result that Nurse C could not leave. It found that he inappropriately told Nurse C that he would not move from the door until she told him how to wear a mask without his glasses steaming up or words to that effect.
8. The 2023 Tribunal considered that Dr Elshafey's actions towards both Patient A and Patient B were ill-judged, unprofessional and impermissibly crossed proper professional boundaries. It was found that he had held a position of trust in relation to these female patients who were much younger than him. It was found there was a failure on the part of the doctor to ensure that the proper doctor/ patient relationship was maintained; that in turn undermined public confidence in the profession. The 2023 Tribunal considered that fellow practitioners would consider his inappropriate conduct in relation to these two incidents as falling seriously below the standards to be expected. In light of its findings, the 2023 Tribunal determined that Dr Elshafey's actions towards Patient A and towards Patient B fell so far short of the standards to be expected as to amount to serious professional misconduct.
9. The 2023 Tribunal acknowledged the stresses of a difficult clinical environment and accepted that Dr Elshafey already had a strained relationship with Nurse C. Nevertheless, the 2023 Tribunal found that his conduct towards Nurse C was inappropriate and he should have behaved more professionally. It determined that Dr Elshafey's conduct fell below the standards of Good Medical Practice (GMP) but did not amount to serious misconduct.
10. The 2023 Tribunal accepted that Dr Elshafey had gained some insight and had made some steps towards remediation but it was not satisfied that his insight and remedial action adequately satisfied the regulatory concern. Dr Elshafey had frequently made excuses whilst explaining conduct towards Patient A and Patient B and suggested that they each had a responsibility to look after themselves if they felt uncomfortable. The 2023 Tribunal considered that during the hearing he sought to blame others or external circumstances, rather than taking full responsibility for his own actions.
11. The 2023 Tribunal considered that Dr Elshafey had breached a fundamental tenet of the profession, brought the profession into disrepute and that there was a real risk of this occurring again in the future. It concluded that a finding of impairment was necessary to maintain public confidence in the profession and to uphold professional standards. It

therefore determined that Dr Elshafey's fitness to practise was impaired by reason of misconduct.

12. The 2023 Tribunal determined to suspend Dr Elshafey's registration for five months to allow him sufficient time to remediate. It determined to direct a review of Dr Elshafey's case and stated that a future Tribunal might be assisted if Dr Elshafey's evidence at that stage were to include, but not be limited to, how he has translated his learning from a course about personal relationships into the professional context. The 2023 Tribunal also considered that a reviewing Tribunal would be assisted by reflections from Dr Elshafey on his misconduct, evidence of how he has internalised his learning, evidence of further Continuous Personal Development ('CPD') and any other information that he considered might assist.

### **The 2024 Review**

13. Dr Elshafey's case was reviewed on 28 March 2024 and 16 April 2024 (The 2024 Tribunal).

14. The 2024 Tribunal was of the view that there had been some development in Dr Elshafey's insight. However it considered that there was only limited development in his written documentation, particularly in relation to his insight into the impact of his actions on Patient A and Patient B, on public confidence in the profession and patient safety. The 2024 Tribunal did consider Dr Elshafey's oral evidence to have been more compelling in relation to insight, and it noted that Dr Elshafey had made sincere apologies to Patient A and Patient B, had expressed shame for his misconduct, and he had explained how he should have acted differently. The 2024 Tribunal noted however that Dr Elshafey's answers in oral evidence were brief, lacking in depth and it considered that he had not fully internalised the impact of his misconduct on Patient A and Patient B. The 2024 Tribunal accepted that Dr Elshafey had experienced some personal challenges at the time of the index events and it acknowledged the steps he had taken in relation to insight and mitigating the risk of repetition.

15. The 2024 Tribunal determined that whilst Dr Elshafey had developed a better understanding of GMP and the fundamental tenets of the profession, his overall insight remained incomplete, and evidence of remedial efforts were insufficient. The 2024 Tribunal was not satisfied that Dr Elshafey had developed sufficient insight into his actions, the reasons behind them and the impact on Patient A and Patient B. It was of the view that there remained a risk of repetition. It determined that the need to meet all three limbs of the overarching objective required a finding of impairment and that Dr Elshafey's fitness to practise was impaired.

16. When considering what sanction to impose, the 2024 Tribunal noted that its concerns regarding Dr Elshafey's fitness to practise related to his communication, relationships and professional boundaries with patients. It was satisfied that his insight had improved and that Dr Elshafey demonstrated that he was capable of reflecting on his conduct and its impact on patients and the wider profession. It also noted that Dr Elshafey had taken steps to remediate his misconduct.

17. The 2024 Tribunal was satisfied that there were identifiable areas of Dr Elshafey's practice which required improvement and which could be addressed by a period of conditional registration. It was satisfied that conditions would appropriately address and mitigate the risk of Dr Elshafey repeating his misconduct and satisfy the overarching objective. The 2024 Tribunal therefore imposed conditions on Dr Elshafey's registration for a period of 12 months. It also directed that a review should take place shortly before the expiry of the period of conditions and that a reviewing Tribunal may be assisted by the following:

- A copy of Dr Elshafey's PDP and written reflections on his learning in respect of his PDP.
- Written personal reflection and insight on the impact of his actions on Patient A and Patient B, on public confidence in the profession and patient safety.
- Testimonials from colleagues regarding his professionalism with reference to his MPT proceedings.
- Any other information that Dr Elshafey considers will assist.

### **Today's Review Hearing**

18. This was the second review of Dr Elshafey's case. He was present and not legally represented at this hearing.

### **The Evidence**

19. The Tribunal has taken into account all the evidence received, both oral and documentary.

20. The Tribunal received documentary evidence which included but was not limited to:

- Record of Determination from the 2023 MPT hearing, dated 11 September 2023- 27 September 2023;
- Record of Determinations from the 2024 MPT review hearing, dated 28 March 2024 and 16 April 2024;

- Correspondence between Dr Elshafey and the GMC, various;
- Dr Elshafey's PDP;
- Letters of apology to Patient A, Patient B and Nurse C;
- XXX
- Written submissions and completed reflective writing template;
- CPD, including:
  - Professional Boundaries In Practice, 15 October 2024;
  - Oxford Medical Advanced Patient Communication Skills Course for Doctors, 24 and 25 September 2024;
- References;
- Reading undertaken.

Oral evidence

21. Dr Elshafey gave oral evidence at this review hearing. He said he wanted to reiterate his apologies to the people he had offended, Patient A, Patient B, Nurse C and the team he worked with. He recognised that it was not about his intentions at the time, but about his actions and their impact on other people. Dr Elshafey said that he wanted to express his shame and regret about the things which he had said and done. He acknowledged that his conduct had not been appropriate by any moral standard. He told the Tribunal that he has tried to develop his insight. He said that he still believed that the conduct found did not reflect his genuine nature. He stated that he has been working for more than 20 years in the ophthalmology field and had not faced such issues before; however he said that this did not excuse his behaviour. Dr Elshafey explained that he was not trying to minimise the gravity of his actions.

22. Dr Elshafey told the Tribunal that he had wanted this review to be an oral hearing rather than a review on papers so that he could tell the Tribunal that what he did was a ridiculously big mistake, that he respected the law and wanted to do anything possible to remediate. He said that he called upon the GMC to send the letters of apology by mail, rather than email, to Patient A, Patient B and Nurse C. He said that he spared no time effort or money to better himself. Dr Elshafey said that he wanted to demonstrate that he had learned his lesson and was currently applying what he learned in his current practice. He said that he spent months in deep research and had asked many people for help, including colleagues and mentors, which has been invaluable to him and he was thankful to them.

23. Dr Elshafey told the Tribunal the efforts he made to develop insight, including XXX to attend training courses. He said that he was trying his best to practice what he had learned in his current

and future employment. He described how he had modified his behaviour using a checklist model.

24. Dr Elshafey told the Tribunal what his checklist included, namely;

- the impact and consequences of his actions;
- patients are vulnerable by default;
- considering the relevant guidance, such as Good Medical Practice;
- considering whether the patient is feeling discomfort in the clinic;
- consulting a colleague, mentor or supervisor if there is a problem;
- reflecting on what his own motivations are;
- ensuring that he is focused on the professional aspects of his role and not straying into other subjects;
- ensuring that consent is given freely;
- ensuring that there is understanding in place;
- considering the established limits of his role;
- keeping a clear record and maintaining clear communications;
- being empathetic and kind and developing rapport with the patients;
- developing awareness and addressing any situation promptly with the patient;
- being open and apologising promptly for any mistakes;
- helping the patient make a complaint if they feel they want to; and,
- whilst it was ok to develop a unique personality, using it to communicate effectively and politely.

25. Dr Elshafey said that he has observed his mentor's practice and has shared his problems and professional boundaries concerns with the mentor. He referred the Tribunal to the professional boundaries course he attended, his reflections on that course. In addition he stated that he had obtained a Certificate of Good Standing from the Egyptian Medical Syndicate together with a valid license which showed no issues with his practice.

26. Dr Elshafey told the Tribunal how he found the 'Gibbs model' best addressed his particular issues. He said that he had used that model, within a reflective writing template, to describe how he had behaved in an impolite, harmful, unprofessional and shameful way towards patients and a colleague. He spoke about the impact of these events on his family, XXX.

27. Dr Elshafey said that he had learned that it was not about his intentions but rather about the impact of his actions on other people. He also took the Tribunal through his PDP in detail and what he had learned, in particular his reflections on the professional boundaries course he

undertook. Dr Elshafey referred the Tribunal to the references he had provided and said that all the referees were aware of the concerns raised.

28. Dr Elshafey told the Tribunal that he had XXX and reached rock bottom. He said that this had exaggerated the problems with his patients and his performance. He described the steps he had taken to XXX, socialise, take exercise and spend time with his family, in order to break the vicious circle of isolation which started in 2019. He said that he had now regained his balance and that XXX.

29. In respect of the 2023 Tribunal's findings, Dr Elshafey said that there was no proof that he purposely blocked the way of Nurse C, but rather that he found himself in her way. He stated that he nevertheless apologised to Nurse C and moved away, and he accepted that he had made a mistake and that he took responsibility for his actions.

#### Submissions on behalf of the GMC

30. Mr Shand submitted that in respect of the matter regarding Nurse C as raised by Dr Elshafey, the original Tribunal found proved that Dr Elshafey was approached, in or around summer 2021, in his office by Nurse C with regards to wearing a face mask, and that he did inappropriately position himself in front of the door so she could not leave. Mr Shand said that, in the grand scheme of things, it may not matter to this Tribunal on the issue of impairment, but he wished to clarify the position of what had been found by the 2023 Tribunal.

31. Mr Shand submitted that the GMC was neutral on the issue of impairment. He referred the Tribunal to the last review of Dr Elshafey's case in which it had been found that insufficient work had been done and that his fitness to practise was still impaired. Mr Shand said that the GMC recognise the significant amount of work Dr Elshafey has done since the last review hearing, which was supplemented by his oral evidence. Mr Shand submitted that the GMC are content simply to leave the issue to the good judgement of the Tribunal, in terms of assessing the progress or sincerity of the evidence which has been submitted. He acknowledged that Dr Elshafey appeared to have done everything that has been asked of him at the last review hearing.

#### Dr Elshafey's submissions

32. Dr Elshafey submitted that he was still improving and learning. He submitted that he was open to any suggestions of improvement from the GMC, the Tribunal or the public. He said that he wished the Tribunal could help him turn the page and that he did not dispute any

of the allegations or the gravity of his mistakes. He told the Tribunal that this was because the way others viewed his actions and the harmful impact of them, was more important than his perception of his own actions. He submitted that “*we serve the public, not serve ourselves*”.

### **The Relevant Legal Principles**

33. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal’s judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practise.

34. This Tribunal must determine whether Dr Elshafey’s fitness to practise is impaired today, taking into account Dr Elshafey’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.

### **The Tribunal’s Determination on Impairment**

35. The Tribunal considered whether Dr Elshafey’s fitness to practise is currently impaired by reason of his misconduct. In reaching its decision, it has taken account of his oral evidence, all the documentary evidence presented to it, and the submissions made.

36. The Tribunal had regard to the determinations of the 2023 and 2024 Tribunals and those matters which it was considered would assist a future Tribunal at a review hearing. It reminded itself that the onus is on Dr Elshafey to demonstrate how he has reflected on his actions, developed insight and taken steps to remediate.

37. When considering whether Dr Elshafey has remediated his conduct, the Tribunal had regard to the comprehensive documentary and oral evidence he had provided. This evidence included letters of apology to Patient A, Patient B and Nurse C in which he addressed the concerns of the previous Tribunals, and took responsibility for his actions. Dr Elshafey described the significant steps he has taken to remediate and reflect upon his conduct. He also provided a number of written submissions on his conduct, on the references from colleagues and on XXX. In addition, he had completed a ‘*Reflective writing template (Gibbs Model)*’, in which he analysed his conduct in some depth and set out an Action Plan which described the actions he would take to prevent a recurrence. In oral evidence, Dr Elshafey said that the Gibbs evidence had significantly helped him go ‘*full circle*’ in understanding his actions, why they happened and to ensure that he did not repeat them in the future.

38. Dr Elshafey also provided his PDP with 8 areas for actions on it specifically targeting the concerns raised, how he would address them, the date by which he planned to achieve the developmental goal, the proposed outcome and evidence of completion. Dr Elshafey had completed all 8 areas of development on the plan. Dr Elshafey also provided evidence of the Professional Boundaries course, together with the certificate of completion, dated 15 October 2024. This was supported by his handwritten notes and reflections from that course, with the course slides. He also provided evidence of the Advanced Patient Communication Skills Course for Doctors and the certificates of completion, dated 24 and 25 September 2024.

39. Dr Elshafey produced a reference template with a check box style response and then a free text box for referees to complete. The references provided were all from colleagues he has worked with in the National Eye Centre in Cairo, Egypt, since he joined the Hospital on 19 August 2024. All the references were positive. Dr Elshafey also provided a Certificate of Good Standing from the Egyptian Medical Syndicate.

40. In addition, Dr Elshafey provided his Oxford Medical Advancing Patient Communication Skills - Distance learning: Online Course Workbook, demonstrating what he had learned on this course, which included topics such as: Difficult patient behaviours; What are you like as a patient?; A difficult patient Encounter; the impact on you; Opportunities to improve; The aggrieved patient; Receiving bad news; Your mindset when breaking bad news; and breaking bad news well. This was supported by Dr Elshafey's own handwritten notes and reflections from this course. Dr Elshafey also provided a reading list which he has undertaken for his learning and development of insight into his actions.

41. The Tribunal also reminded itself of the checklist Dr Elshafey developed for himself, as set out above, which he said he looked at each morning prior to undertaking his clinical/theatre work. The Tribunal considered this to be a comprehensive checklist and something which it appeared the doctor has developed himself, demonstrating that he was putting into action what he has learned.

42. Dr Elshafey's documentary evidence was supported by his oral evidence in which the Tribunal considered that he had again demonstrated a genuine expression of regret and remorse. He spoke at length about the courses he had undertaken, his learnings and reflections on them, and on his conduct.

43. The Tribunal was satisfied that Dr Elshafey has taken on board the findings of the previous Tribunals and it was satisfied that he has fully remediated his conduct. It considered

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that there was little more Dr Elshafey could have done to remediate, that he has demonstrated full insight into his actions and that the risk of repetition was low.

44. The Tribunal was therefore of the view that Dr Elshafey's fitness to practise is not currently impaired and that Dr Elshafey could return to unrestricted practise with immediate effect.

45. The Tribunal therefore determined to revoke the order of conditions on Dr Elshafey's registration with immediate effect.

46. This case is concluded.