

**PUBLIC RECORD****Dates:** 20/05/2025 - 21/05/2025; 13/06/2025; 27/06/2025

**Doctor:** Mr Ibrahim JALLOH

**GMC reference number:** 3684922

**Primary medical qualification:** MD 1980 University of Liberia

**Type of case** **Outcome on impairment**

Review - Deficient professional performance Impaired

**Summary of outcome**

Conditions, 21 months  
Review hearing directed

**Tribunal:**

Legally Qualified Chair:	Mrs Remi Alabi
Lay Tribunal Member:	Mr Matthew Fiander
Registrant Tribunal Member:	Dr Koye Odutoye

Tribunal Clerk:	Mr Matt O'Reilly (20/05/2025 - 21/05/2025) Ms Maria Khan (13/06/2025) Miss Emma Saunders (27/06/2025)
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**Attendance and Representation:**

Doctor:	Present, not represented
GMC Representative:	Mr Tom Phillips, 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 - 13/06/2025

1. 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 Jalloh's fitness to practise continues to be impaired by reason of deficient professional performance ('DPP').
2. Before the start of the hearing, a Tribunal member disclosed that they had reviewed the Facts determination from the 2023 hearing on the MPTS website. This material was not before the Tribunal. This information was disclosed to the parties who were invited to make submissions as to bias and/or recusal.
3. The GMC submitted that no bias was perceived. The GMC also submitted that the information should be made known to the Tribunal as it formed important background which would enable the Tribunal to make an informed decision on the issues before it.
4. Dr Jalloh confirmed he had a copy of the document and had read it. He did not object to the additional material being put before the Tribunal and agreed that the Tribunal member had not been biased by the information seen.
5. The GMC later provided the Tribunal with the 11 page determination on Facts from the 2023 Tribunal which detailed the deficient performance found.
6. The Tribunal found no bias or need for recusal and accepted the additional document provided.

### Background

#### The 2023 Hearing

7. Dr Jalloh qualified in 1980 from the University of Liberia and was awarded full registration with the GMC in 1994.

8. The facts found proved at Dr Jalloh's hearing, which took place in August 2023 ('the 2023 Hearing'), can be summarised as concerns relating to DPP, which arose from Dr Jalloh being removed from the Performer's list at Southampton City NHS Primary Care Trust on 29 March 2006, where he was employed at the time. Dr Jalloh was judged fit to practise with restrictions and agreed a schedule of undertakings. In February 2010, the GMC invited Dr Jalloh to undertake a reassessment of his professional performance, which was completed in June and July 2010. Dr Jalloh failed this Performance Assessment, which then formed the basis of the Allegation at the 2023 Hearing.
9. Dr Jalloh's performance was found to be unacceptable in the areas of Assessment, Treatment and Record Keeping. Additionally, his performance was found to be a cause for concern in the areas of clinical Investigations, Laws and Regulations, Communication, and Relationship (with patients and colleagues). The 2023 Tribunal determined that Dr Jalloh's fitness to practise was impaired by reason of his DPP and suspended his registration for a period of 12 months.
10. The 2023 Hearing found that Dr Jalloh had shown no meaningful insight into his DPP, having shown a persistent lack of reflection and refusal of acceptance of assessments demonstrated in letters from 2013, 2014, 2022 and in his statement for the 2023 Hearing. The 2023 Hearing found that Dr Jalloh had put patients at risk of harm and had potentially harmed public confidence in the profession. It also found that Dr Jalloh had failed to remediate his DPP and was at risk of putting patients at unwarranted risk of harm in the future.
11. At the 2023 Hearing, the Tribunal was aware that doctors can and do make mistakes. However, it considered that the public would expect those doctors to accept evidence of their failings and to work towards improving their practice. The Tribunal determined that while, at the point of assessment in 2010, the concerns were remediable, Dr Jalloh's refusal to accept the findings and carry out proper remediation or develop insight meant that there was a public interest in making a finding of impairment to uphold public confidence in the profession and to promote and maintain proper professional standards.
12. The 2023 Hearing determined that a period of suspension was necessary because it did not consider an order of conditions would be workable. It found that Dr Jalloh lacked insight, had not remediated and had not acknowledged fault. The Tribunal considered that a period of suspension would send a message to Dr Jalloh and the profession about the standards of performance expected of a registered doctor. The Tribunal considered

that 12 months suspension was necessary to indicate the seriousness of the case and to provide Dr Jalloh with time to remediate and develop his insight.

13. The 2023 Hearing considered that a Review Tribunal would be assisted by Dr Jalloh providing an up-to-date reflective statement, evidence of keeping skills and knowledge up to date, testimonials and evidence of targeted remediation and training.

### The 2024 Review Hearing

14. Dr Jalloh's case was reviewed in September and November 2024 ('the 2024 Hearing'). The 2024 Tribunal considered that Dr Jalloh's insight remained limited, in that he failed to demonstrate an understanding of the reasons why his performance was found to be deficient or of potential risks to patients, or the consequences of his actions on, patients and the profession.
15. The Tribunal concluded that, if Dr Jalloh were to return to unrestricted practice, there was a real risk of him putting patients at risk of harm and of bringing the profession into disrepute. This was because the Tribunal had not been provided with sufficient evidence of insight or remediation of his deficiencies.
16. The 2024 Tribunal therefore determined that Dr Jalloh's fitness to practise remained impaired by reason of DPP and went on to impose a further period of 8 months suspension on the doctor's registration. It considered that an order of suspension was sufficient to protect the public and to maintain public confidence in the profession.
17. The 2024 Tribunal directed a review of Dr Jalloh's case (the current hearing). It outlined that at the review hearing, the onus would be on Dr Jalloh to demonstrate how he has remediated and further developed his insight. It suggested that a reviewing Tribunal may be assisted by the following:
  - Evidence of his participation in courses or training that identified and addressed the specific areas of concern in this case, namely the areas of Assessment, Treatment, Record Keeping, Investigations, Laws and Regulations, Communication and Relationships (Colleagues).
  - A written record of Continuing Professional Development related to the acquisition of both skills and knowledge.
  - A further statement of reflection prepared ahead of the reviewing Tribunal, complete with a date of writing.
  - Evidence of clinical attachments.

- Testimonials from colleagues with whom he has had recent contact in a clinical setting.
- Demonstration, through courses or other learning, his current awareness of the requirements of Good Medical Practice.
- Evidence of reflections undertaken with medical colleagues on the development of his professional insight.

## Today's Hearing

### The Evidence

18. The Tribunal has taken into account all the documentary evidence received.

19. The Tribunal received the following documentary evidence, including but not limited to:

- The 2024 record of determinations and the 2023 Tribunal's determination on facts;
- Expiry of appeal letter to Dr Jalloh – dated 3 January 2025;
- Case introduction letter to Dr Jalloh – dated 9 January 2025;
- MPTS hearing listing correspondence – dated 13 January 2025;
- Reflection statements of Dr Jalloh – dated 15 January 2025 and 15 March 2025 and other correspondence regarding his reflection and insight;
- CPD certificates – dated 31 August 2022 and 21 January – 9 April 2025;
- Personal Development Plan – dated 15 March 2025.

### Submissions on behalf of the GMC

20. Mr Tom Phillips, Counsel, submitted that the onus remains on Dr Jalloh to demonstrate that he is now fit to return to unrestricted practice. He submitted that whilst Dr Jalloh's insight continues to develop and he has made efforts to remediate his DPP, his fitness to practise remains impaired for two key reasons. Mr Phillips submitted that Dr Jalloh has not practised since 2010, has not provided any evidence of undertaking a clinical attachment, shadowing, or undertaking practical courses to keep his skills up to date. Mr Phillips submitted that Dr Jalloh indicated at the 2024 hearing that he had booked a surgical skills course in December 2024 and a course in endoscopic surgery in February 2025, in Cardiff. Mr Phillips said that there was no evidence before the Tribunal that that course has been undertaken or completed. He also submitted that the 2024 Tribunal advised that evidence of any clinical attachment, as well as testimonials from colleagues

with whom he had had contact, in a clinical setting, would assist this Tribunal. He said that Dr Jalloh had not provided any evidence for the consideration of this Tribunal.

21. Mr Phillips submitted, secondly, that Dr Jalloh's evidence of insight and remediation lacked detail, was somewhat superficial and that he did not actually acknowledge the deficiencies that were found to exist within his practice or demonstrate a proper understanding of those deficiencies. Mr Phillips referred the Tribunal to an email Dr Jalloh sent to the GMC on 26 March 2025, which he said was another example of the superficial nature of the doctor's insight. In that email, Dr Jalloh appeared to rehearse principles set out in Good Medical Practice without actually demonstrating an in-depth understanding of them, or how he intended to apply them in practice. Mr Phillips submitted that this Tribunal did not have before it, a number of the items the 2024 Tribunal suggested would be of assistance, in particular, Dr Jalloh had not provided any evidence of clinical attachments or reflections with clinical colleagues. He submitted that Dr Jalloh's fitness to practise remains impaired.

#### **Submissions by Dr Jalloh**

22. Dr Jalloh was not represented but submitted that he had provided his thoughts on his insight in writing and that he did not have anything further to say on the issue. He said that he had been suspended and told not to talk to any patients or go to hospital (to work) until he attended a hearing, but that he could be an observer. He said that he went to observe at Glasgow Hospital department of surgery but when he was not allowed to participate in surgery, he felt uncomfortable and left early. He said he felt uncomfortable because he knew how to do the procedure from when he completed his surgical training but all he could do was just stand there and watch without making any contribution to the procedure.
23. Dr Jalloh said that he was reaching his working 'twilight years' and was reaching the point where he was becoming disillusioned and had lost confidence in the regulatory process. He submitted that he had done all he could to remediate and provide insight into the concerns raised by the previous tribunals. He said he had considered the scenarios (from the performance assessment) in his head, reflected and reconsidered what he would do in those scenarios, and sent his report in that regard to the GMC. He said that he did not understand why the GMC considered that he was not safe or that he is a danger to the public. He submitted that he had been investigated for two years. Dr Jalloh said that he did not understand why previous Tribunals found that he disagreed with the performance assessors and that he had no insight.

24. Dr Jalloh said that he went to attend a course in endoscopic surgery in Cardiff which cost £500, money which he had to borrow from a close family member, and he was then told that he had to have full GMC registration before they would let him participate on the course. He said that this was why there was no evidence before this Tribunal as to the outcome of that course.
25. Dr Jalloh added that he had disclosed his circumstances to two medical colleagues who attended a gym he goes to but was vague as to why he had not considered doing case based discussions with them.
26. Dr Jalloh said that as far as he was concerned, he had done everything that he could and did not think that he could do any more. He said that it may be time for him to bring matters to a close and intimated that he may have to exercise his right to withdraw his name from the GMC register and leave the country. He suggested that he may go to Canada, Germany or France and start afresh but that he could not let the GMC continue to halt his career by concluding he is unable to practise because he has no insight.
27. Dr Jalloh reiterated that he had addressed the concerns in the performance assessment and had gone through all the different scenarios in respect of his DPP which he had detailed in his reflective pieces. He said however, he was hindered from doing anything further as, by reason of his suspension, he had been told that he was not allowed to go into a hospital or see patients or speak to colleagues. He concluded that he has done his best, by reflecting on the issues for the 18 months. Dr Jalloh said that he has read books and journals as to what insight is and that he did not agree with the conclusion that he does not have insight. He said that he could not remediate when he was not allowed to have contact with patients. Dr Jalloh said that the decision was for the Tribunal today, but that he has made up his mind that he was not prepared to subject himself to a further period of restrictions on his practice.
28. Following questions of clarification from the Tribunal, Dr Jalloh said that he believed that he was safe to return to practise under supervision, given that he has not practised for many years. Dr Jalloh said that whilst he accepted that in the performance assessment it was stated that there were patient safety issues and his treatment of patients was judged unacceptable, he had never harmed any patients. He also said that he has also improved his typing speed to help with his record keeping. Dr Jalloh said that if he were allowed to practise again, he would be aiming to work as a locum or in surgery. He said that he was not looking to work as a GP, consultant or work independently, and that he knew that he would have to work under supervision and that his practice would be restricted as he had not worked since 2010.

29. Dr Jalloh was specifically asked if he understood the performance assessors' judgement in relation to 'Assessment' and 'Treatment' that his practice posed a risk to patients. He stated that he had not posed a risk to patients in these domains. On further inquiry, he responded that he would henceforth manage his clinical cases differently. He was also asked to explain his understanding of the implications of missing or unreliable medical notes. Dr Jalloh accepted that this was a serious matter and said that he agreed with the performance assessors' findings, and that there needed to be clear medical records for any doctor treating a patient to stop misdiagnoses. He accepted responsibility for his record keeping failings which he described as a "*great mistake*". He again said that he had improved his typing skills to address this.
30. Dr Jalloh was asked, bearing in mind his reflections, what he would do differently in terms of his communication with patients, record keeping, treatment and clinical investigations. He said regarding treatment, he would explain the dangers and risks of inappropriate medications where a patient requested a prescription for unjustified medication and where a patient insisted on being prescribed unjustified medication, he would seek a second opinion. Regarding communication with patients, he said he would listen to what they would say and ensure they understood him by asking follow-up questions. He also said that he would explain diagnoses and treatments to patients '*in easy to understand*' language. In terms of clinical investigations and record keeping, he said he would be more thorough and would ensure that he documents everything.
31. Dr Jalloh was asked to clarify whether he had practised overseas at all which might provide evidence of remediation. He said that he had set up a clinic in Sierra Leone which is run by two doctors. He said that when he visits, he helps them.

### The Relevant Legal Principles

32. The Tribunal reminded itself that the decision of impairment is a matter for its 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 practice.
33. This Tribunal must determine whether Dr Jalloh's fitness to practise is impaired today, taking into account Dr Jalloh's performance 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.



34. The Tribunal reminded itself of the need to take into account the overarching objective which is to protect the public and which includes to:
- a protect and promote the health, safety and wellbeing of the public;
  - b promote and maintain public confidence in the medical profession;
  - c promote and maintain proper professional standards and conduct for the members of the profession.
35. The Tribunal was reminded of the principles set out in the cases of *R (Cohen) v GMC [2008] EWHC 581 (Admin)*, *Meadow v General Medical Council [2006] EWCA Civ 1390*, *CHRE v NMC & Grant [2011] EWHC 927 (Admin)* and Dame Janet Smith’s Fifth Shipman Report.
36. The Tribunal was mindful that Dr Jalloh was not legally represented during these proceedings, and that the oral information he provided to the Tribunal was by way of submission, and clarification in response to Tribunal questions in respect of his submission. Dr Jalloh did not provide oral evidence.

### The Tribunal’s Determination on Impairment

37. In reaching its decision on impairment, the Tribunal had regard to the findings of the 2023 and 2024 Tribunals, the documents received and the submissions made by both parties. The Tribunal also noted the recommendations set out by the previous Tribunal, which it stated, may assist this reviewing Tribunal.
38. The Tribunal noted that Dr Jalloh did not agree with the findings of the performance assessment and the 2023 Tribunal, at the relevant times. However, Dr Jalloh accepted both the performance assessment and the 2023 Tribunal’s findings at the 2024 review hearing. He maintained that acceptance today. The Tribunal recognised that Dr Jalloh has a right to maintain his position and dispute those findings, therefore it did not draw adverse inference from Dr Jalloh’s position.
39. The Tribunal was satisfied that Dr Jalloh’s DPP was remediable, as his performance concerns could be addressed through the acquisition of satisfactory insight into his DPP and through training.
40. The Tribunal then went on to consider whether Dr Jalloh has remediated his DPP. The Tribunal considered Dr Jalloh’s reflections, targeted CPD courses and his personal

development plan. In his reflective statement dated 15 March 2025, Dr Jalloh appeared to address the matter of remediation, he said that he accepted he did wrong and set out what he was doing about it, he stated:

*“I acknowledge that remediation requires practical application which has been limited due to my suspension. However, I have taken proactive steps to remediate and strengthen my understanding of key areas including:*

- Assessment & Investigations: I have completed CPD courses focusing on clinical reasoning structured patient assessment and safe investigations to enhance my ability to make sound medical decisions*
- Communication: I have studied and reflected on best practice in communication including Breaking bad news, Informed consent, and shared decision-making*
- Ethical Responsibility: I have revisited the GMC’s Good Medical Practice and Duties of a doctor to reinforce my understanding of professionalism, integrity and accountability*
- Medical Law & Ethics: I have completed e-learning modules on medical law and ethics, covering areas such as patient autonomy, confidentiality, and professional boundaries*
- Reflective Practices & Mentorship: I have engaged in written reflections sought feedback from mentors and studied case examples to critically analyse past actions and develop a more robust ethical framework”*

41. The Tribunal was satisfied that Dr Jalloh has taken positive steps towards remediation, and that his insight had improved since the decisions of the 2023 and 2024 Tribunals.
42. The Tribunal noted that Dr Jalloh said that he would do things differently in respect of record keeping. He acknowledged that his record keeping had been poor, and he explained how he recognised that poor record keeping could lead to the risk of patient harm through potential misdiagnosis or misinformation if another doctor could not read the medical record.
43. In his responses to Tribunal questions, Dr Jalloh expanded upon his documentary evidence. It was clear to the Tribunal that Dr Jalloh had reflected further and had gained further insight into his deficient performance and had tried to remediate it.
44. Dr Jalloh told the Tribunal that he wanted his registration back but understood that he needed retraining and supervision as he had been out of practice for a long time. He also said he would benefit from supervision in order to improve his skills and knowledge.

45. In his written submissions, Dr Jalloh demonstrated that he understands the importance of gaining insight into his DPP. However, he has not demonstrated that he has applied his insight consistently into various aspects of his DPP. Dr Jalloh told the Tribunal that he had never placed patients at risk of harm. However, in response to questions from the Tribunal, he readily acknowledged the risk to patients arising from poor record keeping and not following guidance when prescribing medication. In the Tribunal's judgement, the depth of Dr Jalloh's insight remains somewhat superficial and does not address adequately the risk to patients and public confidence in the profession.
46. The Tribunal took into account the online courses that Dr Jalloh had undertaken and found them to be relevant to the areas of his performance that had been found to be deficient.
47. The Tribunal was satisfied that Dr Jalloh has made progress in developing his insight into his DPP and has taken real steps towards remediation. In the Tribunal's judgement, Dr Jalloh's insight is developing and his remediation remains incomplete.
48. The Tribunal noted that whilst Dr Jalloh is suspended, he was unable to secure a clinical attachment. Dr Jalloh told the Tribunal how he had tried to undertake an observation at Glasgow Hospital but dropped out after two days because he found the experience uncomfortable. There is no evidence before the Tribunal of any learning in a clinical setting.
49. Dr Jalloh told the Tribunal that he was unwilling to undertake another observation where he was not able to do anything clinical. The Tribunal concluded that this demonstrated a reluctance to take appropriate remedial steps in a clinical setting.
50. This Tribunal has determined that Dr Jalloh's fitness to practise remains impaired by reason of his DPP. The Tribunal considered that this decision was necessary to protect the public, to maintain public confidence in the profession and to uphold professional standards.

#### **Determination on Sanction - 27/06/2025**

1. Having determined that Dr Jalloh's fitness to practise remains impaired by reason of deficient professional performance, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regards to Dr Jalloh's registration.

## The Evidence

2. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing relevant to reaching a decision on what action, if any, it should take regarding Dr Jalloh's registration.

## Submissions on behalf of the GMC

3. Mr Phillips submitted that a suspension order remained the appropriate sanction in this case. However, he stated that if the Tribunal was not persuaded of that, the Tribunal may find that a conditions order would be appropriate. He submitted that any conditions should include having a workplace reporter, direct supervision, the appointment of an educational supervisor, and restrictions on locum work, out-of-hours work, and on any on-call duties. He submitted that any clinical roles should be limited to junior posts equivalent to FY2 or below.
4. Mr Phillips referred the Tribunal to the Sanctions Guidance (February 2024) ('the SG') and invited the Tribunal to take into account the mitigating factors, namely: Dr Jalloh's engagement with the proceedings and his ongoing efforts to gain insight. He submitted that there were also aggravating factors, in particular the incomplete insight and lack of remediation, specifically in relation to undertaking a clinical attachment and engagement with colleagues, as noted by the Tribunal in its findings on impairment.
5. Mr Phillips submitted that the Tribunal should consider the sanctions available to it starting with the least restrictive and work its way upwards. He stated that taking no action was not appropriate in this case, as Dr Jalloh had yet to complete remediation in relation to the DPP and therefore, continued to pose a risk to patients. Mr Phillips noted there were no exceptional circumstances justifying such an outcome.
6. In relation to conditions, Mr Phillips referred the Tribunal to paragraphs 81 to 90 of the Sanctions Guidance and submitted that conditions were not appropriate in this case. He submitted that it was difficult to be satisfied that Dr Jalloh would comply with any conditions, and this had been a concern of the 2023 Tribunal. He also noted that Dr Jalloh had not undertaken clinical attachments, had not sought to engage with colleagues, and had shown a reluctance to take steps to keep his clinical knowledge up to-date within a clinical setting. Furthermore, it was submitted that Dr Jalloh had

expressed his desire to undertake locum work and not to work at SHO or FY1/2 equivalent level. Mr Phillips submitted that Dr Jalloh did not have the potential to respond positively to appropriate conditions.

7. Mr Phillips submitted that suspension was the appropriate sanction in this case. He referred the Tribunal to paragraph 94 of the SG and stated that a further period of suspension would allow Dr Jalloh time to overcome his reluctance to engage with colleagues and to remediate within a clinical setting. Mr Phillips submitted that during such a period, Dr Jalloh could undertake a clinical attachment and provide testimonials to the next reviewing Tribunal.

### Submissions by Dr Jalloh

8. Dr Jalloh submitted that he had been suspended by the 2023 Tribunal in order to develop insight within the period of suspension. He stated that, in relation to the DPP, he had been unable to work and considered this to be unfair. He submitted that it was unfair that the GMC was of the view he should continue to sit at home and do nothing other than to reflect on what he had done and why it was wrong. He cited examples of what the Tribunal in its findings on impairment said he had failed to do, such as failing to take a proper history or carry out a proper assessment. He stated that he had tried his best to do all these things and in addition he had attended online courses, but the Tribunal has found none of this satisfactory. Dr Jalloh submitted that he had worked hard at trying to remediate and show that he had sufficient insight and was disappointed that his efforts were not recognised by the Tribunal.
9. In relation to the clinical observation, Dr Jalloh submitted that this was something he found difficult to do, as to work in roles he was overqualified for went against the grain of his cultural background. He stated that his failure to complete the clinical observation was not due to reluctance, but because he felt uncomfortable. He explained that he felt that he should have been allowed to practise with supervision. He reiterated that his lack of clinical attachments was not a refusal on his part, but rather discomfort and an unwillingness to “blast” his deficiencies to others.
10. Dr Jalloh asked the Tribunal to remove his suspension so that he could return to work under supervision. He acknowledged that he could not return to unrestricted practice after being out of practice for over ten years. He submitted that he should be permitted to undertake supervised practice which could be reported to the GMC. He stated that he

wished to return to his area of practice and emphasised that active remediation must be undertaken with patients in the clinical arena so as to directly address the issues identified with his clinical assessment, treatment, and communication.

11. Dr Jalloh expressed a desire to return to active practice as a surgeon and stated that he was content for that to be with formal supervision. He submitted that a further period of suspension would have a punitive, rather than beneficial, effect, and that there would be no advantage or justification for continuing the suspension.
12. With respect to the prospect of working at FY1 or FY2 level, Dr Jalloh initially submitted that he would have to think about whether he was willing to take up such a role. He indicated that he had no issue with restrictions on out-of-hours or locum work. He later said that if conditions were imposed, he would be willing to work in accordance with them. He stated that it would be difficult to secure a registrar post given that he had not worked for many years. He however acknowledged the GMC's submission that a junior level post might be appropriate even though he did not accept that it was a practical or viable way forward.
13. Dr Jalloh submitted that his concern regarding working at FY1 or FY2 level was that in his view, nobody would employ him in this capacity and if he were to secure such a post, he would be reluctant to remain in it for two years, as he felt he could do something more with his skills and knowledge after a shorter period of updating his clinical practice under supervision, within that time.

### **The Relevant Legal Principles**

14. The Tribunal reminded itself that, having determined that Dr Jalloh's fitness to practise continues to be impaired by reason of deficient professional performance, under Rule 22(1)(h) and section 35D(5) of the Medical Act 1983 it must consider what directions, if any, are to be made regarding sanction.
15. In doing so, the Tribunal must have regard to all the evidence placed before it, oral and documentary, the submissions made on behalf of the GMC and by Dr Jalloh, and the SG.
16. The Tribunal was advised on the relevant sanctions open to it in accordance with paragraphs 66–111 of the SG, and section 35D(5) of the Medical Act 1983 and was advised on the considerations of each of the sanctions.

17. The Tribunal was advised that the appropriate approach to imposing a sanction was to first consider the aggravating and mitigating factors and then, to address the available sanctions in the order as set out in the SG, starting with the least restrictive and working its way up.
18. The Tribunal must bear in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect. The Tribunal should also weigh Dr Jalloh's interests with the public interest and have regard to the statutory overarching objective, which includes to protect, promote, and maintain the health, safety, and wellbeing of the public, promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the profession.
19. The Tribunal accepted the legal advice.

### **The Tribunal's Determination**

20. In reaching its decision, the Tribunal has had regard to its findings on impairment and has taken account of the SG and of the overarching objective. It has borne in mind that the purpose of sanction is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.
21. Before considering what action, if any, to take in respect of Dr Jalloh's registration, the Tribunal first considered the aggravating and mitigating factors present and referred itself to its findings on impairment.

### Aggravating and mitigating factors

22. The Tribunal identified Dr Jalloh's insight as the aggravating factor in this case:
  - The depth of Dr Jalloh's insight remains somewhat superficial and does not sufficiently address the concerns of risk to patients and public confidence in the profession;
  - It has taken Dr Jalloh a considerable length of time to progress his developing insight;
  - Dr Jalloh has shown ambivalence towards remediation and has demonstrated a reluctance to take appropriate remedial steps in a clinical setting.

23. The Tribunal identified the following mitigating factors in this case:

- Dr Jalloh has accepted the findings of the 2023 Tribunal;
- Dr Jalloh has taken positive and continuous steps towards developing his insight;
- Dr Jalloh has taken positive steps towards remediation, as noted in the Tribunal’s determination on Impairment. The remediation notably included targeted online courses.

#### No action

24. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Jalloh’s case, the Tribunal first considered whether to conclude the case by taking no action. It noted from the SG that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

25. The Tribunal determined that, in view of the Tribunal’s findings on impairment, it would be neither sufficient, proportionate nor in the public interest to conclude this case by taking no action. It also concluded that there were no exceptional circumstances to justify taking no action in this case.

#### Conditions

26. The Tribunal next considered whether it would be sufficient to revoke the current order of suspension and impose conditions on Dr Jalloh’s registration. It has borne in mind that any conditions imposed *“should be appropriate, proportionate, workable and measurable”*.

27. The Tribunal had regard to the relevant paragraphs of the SG in respect of conditions. It noted that, with reference to paragraph 81(c) of the SG, *“conditions might be most appropriate in cases... involving issues around a doctor’s performance, where there is evidence of shortcomings in a specific area or areas of the doctor’s practice”*.

28. The Tribunal also referred to paragraph 82(b) of the SG, in that *“conditions are likely to be workable where... a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings”*.



29. The Tribunal considered paragraph 82(c) of the SG, *“conditions are likely to be workable where... the tribunal is satisfied the doctor will comply with them”*.
30. In terms of whether Dr Jalloh will comply with conditions, the Tribunal noted that Dr Jalloh has said he is willing to work with conditions. The Tribunal considered that, with reference to paragraph 82(d) of the SG, Dr Jalloh does have *“the potential to respond positively to remediation, or retraining, or to their work being supervised”*. The Tribunal determined that there was no evidence to suggest that Dr Jalloh would breach any conditions and was satisfied that he would comply with any conditions imposed.
31. The Tribunal considered its findings on impairment and bore in mind its overarching objective, especially in the light of protecting patients and the public, and referred to the conditions bank. It considered that the various conditions which it has imposed below were suitable, proportionate and workable.
32. The Tribunal appreciated that the conditions are stringent and acknowledged that it might be difficult for Dr Jalloh to obtain a suitable post but it is not impossible to do so. The Tribunal also recognised that Dr Jalloh would also be able to take part in clinical attachments. The Tribunal concluded that the conditions were workable and the minimum necessary to address the risks and meet the overarching objective.
33. The Tribunal concluded that it was appropriate, necessary and proportionate to impose conditions on Dr Jalloh’s registration. It determined that a period of conditional registration may provide an opportunity for Dr Jalloh to return to practice under appropriate restrictions and afford him the opportunity to remedy his failings.
34. The Tribunal went on to consider if a further period of suspension would be a more appropriate sanction and determined that a further period of suspension would be disproportionate and unduly punitive at this point. It determined that the public interest would not be served by a further period of suspension in the light of the progress made by Dr Jalloh.
35. The Tribunal considered that conditions are more appropriate and may allow for Dr Jalloh to demonstrate that he has remedied his deficient professional performance within a safe and restricted framework.

36. The Tribunal determined that the conditions should be imposed for a period of 21 months. It was of the view that this would provide a realistic and necessary timescale allowing Dr Jalloh adequate time to reflect on the findings of this Tribunal, to take steps toward obtaining a post/s (which may include clinical attachments and any further training) and to demonstrate remediation of his performance.

37. The following conditions relate to Dr Jalloh's employment and will be published:

- 1 He must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:
  - a the details of his current post, including:
    - i his job title
    - ii his job location
    - iii his responsible officer (or their nominated deputy)
  - b the contact details of his employer and any contracting body, including his direct line manager
  - c any organisation where he has practising privileges and/or admitting rights
  - d any training programmes he is in
  - e of the organisation on whose medical performers list he is included
  - f of the contact details of any locum agency he is registered with.
- 2 He must personally ensure the GMC is notified:
  - a of any post he accepts, before starting it
  - b that all relevant people have been notified of his conditions, in accordance with condition 16
  - c if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings

- d if any of his posts, practising privileges or admitting rights have been suspended or terminated by his employer before the agreed date within seven calendar days of being notified of the termination
  - e if he applies for a post outside the UK.
- 3 He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.
- 4
- a He must have a workplace reporter appointed by his responsible officer (or their nominated deputy).
  - b He must not work until:
    - i his responsible officer (or their nominated deputy) has appointed his workplace reporter
    - ii he has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter.
- 5
- a He must design a personal development plan (PDP), with specific aims to address the deficiencies in the following areas of his practice.
    - Assessment
    - Treatment
    - Record Keeping
    - Clinical Investigations
    - Laws and Regulations
    - Communication
    - Relationships (with patients and colleagues).
  - b His PDP must be approved by his responsible officer (or their nominated deputy)
  - c He must give the GMC a copy of his approved PDP within three months of these substantive conditions becoming effective.
  - d He must give the GMC a copy of his approved PDP on request.
  - e He must meet with his responsible officer (or their nominated deputy), as required, to discuss his achievements against the aims of his PDP.
- 6
- a He must have an educational supervisor appointed by his responsible officer (or their nominated deputy)

- b He must not work until:
  - i his responsible officer (or their nominated deputy) has appointed his educational supervisor
  - ii he has personally ensured that the GMC has been notified of the name and contact details of his educational supervisor.

7 He must undertake an assessment of his performance, if requested by the GMC.

8 He must personally ensure his performance assessment report dated 2010 is shared with:

- a his responsible officer (or their nominated deputy)
- b the responsible officer of the following organisations:
  - i his place(s) of work, and any prospective place of work (at the time of application)
  - ii all his contracting bodies, and any prospective contracting body (prior to entering a contract)
  - iii any organisation where he has, or has applied for, practising privileges and/or admitting rights (at the time of application)
  - iv any locum agency he is registered with
  - v If any organisation listed at i) – iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify the correct person, he must contact the GMC for advice before working for that organisation.
- c the responsible officer for the medical performers list on which he is included or seeking inclusion (at the time of application)
- d his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts)
- e his workplace reporter and educational supervisor and clinical supervisor.

- 9 He must get the approval of the GMC before working in a non-NHS post or setting.
- 10 If working as a GP, he must only work in a group practice setting where there is a minimum of two GP partners or employed GPs (excluding himself). The GPs must be partners or permanently employed GPs who are on the GP register (this excludes locum staff).
- 11 He must only work at the level of resident doctor core grade 2 or below (or equivalent) if working in a GP setting, or at the level of Foundation Year 2 or below (or equivalent) for all other clinical practice.
- 12 a He must be directly supervised in all of his posts by a clinical supervisor, as defined in the *Glossary for undertakings and conditions*. His clinical supervisor must be approved by his responsible officer (or their nominated deputy).
- b He must not work until:
- i his responsible officer (or their nominated deputy) has appointed his clinical supervisor and approved his supervision arrangements
- ii he has personally ensured that the GMC has been notified of the name and contact details of his clinical supervisor and his supervision arrangements.
- 13 a He must get the approval of his responsible officer (or their nominated deputy), before working as a locum / in a fixed term contract.
- b He must not work until:
- i his responsible officer (or their nominated deputy) has confirmed approval
- ii he has personally ensured that the GMC has been notified of the approval of his responsible officer (or their nominated deputy).
- 14 He must not work:
- a out-of-hours
- b on-call.

15 He must not work in any locum post or fixed term contract of less than three months' duration.

16 He must personally ensure the following persons are notified of the conditions listed at 1 to 15:

- a his responsible officer (or their nominated deputy)
- b the responsible officer of the following organisations:
  - i his place(s) of work, and any prospective place of work (at the time of application)
  - ii all his contracting bodies and any prospective contracting body (prior to entering a contract)
  - iii any organisation where he has, or has applied for, practising privileges and/or admitting rights (at the time of application)
  - iv any locum agency he is registered with
  - v If any of the organisations listed at (i to iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify this person, he must contact the GMC for advice before working for that organisation.
- c the responsible officer for the medical performers list on which he is included or seeking inclusion (at the time of application)
- d his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

#### Review hearing directed

38. The Tribunal determined to direct a review of Dr Jalloh's case. A review hearing will convene shortly before the end of the period of conditional registration. The Tribunal noted that, at the review hearing, the onus will be on Dr Jalloh to demonstrate that his deficient professional performance is no longer deficient and to show that his fitness to practise is no longer impaired. Dr Jalloh may provide any other information that he considers will assist the reviewing Tribunal.

39. The Tribunal directed the imposition of conditions on Dr Jalloh’s registration for a period of 21 months. Having regard to the Tribunal having extended the suspension order when it adjourned part heard, it determined that the conditions of practice will take effect from today’s date (27 June 2025), pursuant to section 35D(5)(c) of the Medical Act 1983, as amended. The MPTS will send Dr Jalloh a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current order of suspension will remain in place during the appeal period.

**ANNEX A - 21/05/2025**

**Adjournment and extension of current order**

1. On the second day of this 2-day listing, whilst in camera on impairment and before it was in a position to hand down its decision on impairment, it became apparent to the Tribunal that there was insufficient time to conclude matters. The Tribunal therefore determined to adjourn proceedings part heard.
51. The Tribunal noted that Dr Jalloh's current period of suspension is due to expire on 5 June 2025. It invited submissions from Mr Phillips and Dr Jalloh.
52. Mr Phillips submitted that the Tribunal has the power under Rule 22(5)(a) of the Fitness to Practise Rules and Section 35D (5)a of the Medical Act 1983 to extend the current order of suspension. He submitted that the suspension ought to be extended until after the date of any future hearing, because there is a current finding that Dr Jalloh's fitness to practise is impaired and that he would pose a risk to patient safety if he were allowed to return to unrestricted practice following the lapse of the current suspension order on the 5 June 2025.
53. Dr Jalloh submitted that he did not want the suspension to be extended. His reasons were that he would not go and seek work and he would consider it as a continued blemish on his character.

**The relevant legal principles**

5. The LQC gave advice on the approach to be adopted in deciding whether to extend a suspension under Rule 22(5)(a), provided the facts warrant the extension.
54. The Tribunal should take account of evidence received in this hearing, context and submissions from the GMC and Dr Jalloh. The Tribunal should take account of the need to protect patients, uphold standards and maintain confidence in the medical profession and its regulator. The Tribunal should consider the principle of proportionality and need to be fair to Dr Jalloh as well as to the GMC representing the public interest.
55. The Tribunal should take account of relevant statutory provisions and principles in considering section 35D(5)(a) of the Medical Act which says that suspension may be extended if the Tribunal 'thinks fit'.



56. The Tribunal took account of Rule 22(5)(a):

*‘Where, prior to the Medical Practitioners Tribunal making a finding under rule 22(1)(f), a review hearing is adjourned under rule 29(2), the Medical Practitioners Tribunal—  
(a) must consider whether to make a direction under section 35D(5)(a), (8)(a), or (12)(c) of the Act and announce its decision in that regard’*

57. The Tribunal also took account of section 35D(5)(a) of the Medical Act 1983

*‘On a review arranged under subsection (4A) or (4B), a Medical Practitioners Tribunal may, if they think fit—  
(a) direct that the current period of suspension shall be extended for such further period from the time when it would otherwise expire as may be specified in the direction’.*

### The Tribunal’s decision

58. The Tribunal considered that extending the order of suspension for four months would uphold all three limbs of its overarching objective. In all the circumstances the Tribunal considered that it was not disproportionate to extend the current order of suspension for four months, or until these proceedings conclude, as expected, on 13 June 2025 and/or 27 June 2025, subject to confirmation by the MPTS.

59. The Tribunal took account of the need to maintain all three limbs of the overarching objective. In that context, it was concerned that Dr Jalloh’s suspension should not be permitted to lapse in the weeks between 5 June 2025 (expiry date) and the date of the hearing reconvening.

60. Taking account of all relevant factors outlined above, the Tribunal concluded that a four month extension of the current suspension order was required. It decided to exercise its discretion under Rule 22(5)(a) and section 35(D)(5)(a) on the basis that the Tribunal ‘thought [it] fit’ to extend suspension of Dr Jalloh’s registration, pending the resumption and conclusion of this hearing.

61. Accordingly, the Tribunal determined to extend the order of suspension for four months.