PUBLIC RECORD

Dates: 16/01/2025 - 14/02/2025

Doctor:	Dr Ali SHOKOUH-AMIRI
GMC reference number:	7117232
Primary medical qualification:	MD 2005 Kobenhavns Universitet

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Not impaired

Summary of outcome

Warning

Tribunal:

Legally Qualified Chair:	Mr Stephen Gowland
Lay Tribunal Member:	Ms Sarah McAnulty
Registrant Tribunal Member:	Dr Ranjana Rani

Tribunal Clerk:	Ms Fiona Johnston

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Ben Rich, Counsel, instructed by the MDDUS
GMC Representative:	Mr Christopher Rose, 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 Facts - 12/02/2025

Background

1. Dr Shokouh-Amiri qualified as a doctor in January 2005 and received his medical license from Copenhagen University. After the successful completion of his specialist training, he achieved board certification in Obstetrics and Gynaecology, and pursued advanced training in Gynaecological Oncology, Robotic Surgery, and Colposcopy in Denmark from January 2007 to December 2012.

2. Dr Shokouh-Amiri relocated to the UK in 2013, after various placements in the UK he moved to Guernsey in November 2016 to take up the post of Consultant Obstetrician and Gynaecologist and Head of Gynaecological Oncology, Colposcopy Endometriosis and Minimal Access Surgery. He also had an honorary contract with the Cancer Hub, specialising in Gynaecological Oncology surgery, at Southampton University Hospitals NHS Trust. He resigned from MSG in August 2019.

3. At the time of the events that form the subject of this hearing Dr Shokouh-Amiri was the head of Gynaecological Oncology, based at the Princess Elizabeth Hospital, Guernsey. He was employed in that capacity by an entity called the Medical Specialists Group (MSG), and he became a partner of MSG in 2017.

4. Dr Shokouh-Amiri is currently working as a Consultant in Obstetrics & Gynaecology at Mid and South Essex University Hospital NHS Foundation Trust from November 2022 to present.

5. The MSG was set up by a group of doctors in 1992 to provide secondary healthcare to the people of Guernsey. The MSG provides consultant delivered healthcare services free of charge to patients at Princess Elizabeth Hospital, along with private medical care at its own facilities.

6. In summary, the allegation relates to six patients under his care. It is alleged that Dr Shokouh-Amiri's failings related variously to substandard clinical care, inappropriate behaviour, failing to have a chaperone present when undertaking intimate examinations, did not obtain consent for examination and sexually motivated conduct towards patients.

7. It is also alleged that Dr Shokouh-Amiri was dishonest in a letter to one patient's GP and in respect of information included in another patient's medical records.

8. It is further alleged that between September 2016 and January 2019, Dr Shokouh-Amiri retained clinical documents and photographs on his personal mobile telephone.

The Allegation and the Doctor's Response

9. The Allegation (reflecting the amendments made) against Dr Shokouh-Amiri is as follows:

Patient A

1. On one or more occasions between 17 October 2017 - 2 August 2018, whilst working at The Medical Specialist Group ('MSG'), you behaved inappropriately toward Patient A in that you:

    a. rubbed and/or touched Patient A's leg; To be determined

    b. hugged Patient A following a consultation; Admitted and found proved

    c. touched Patient A's genitalia saying that is what she should be feeling, or words to that effect; To be determined

    d. touched Patient A's genitalia and asked "how does that feel?", or words to that effect; To be determined

    e. told Patient A she should be trying to have sex, or words to that effect; To be determined

    f. said "this is how you should be feeling when you sexually arouse yourself, how your husband should arouse you and if not then you're doing it wrong", or words to that effect; To be determined

    g. advised Patient A to use sex toys to orgasm, or words to that effect; To be determined

    h. advised Patient A to use her fingers to get herself to orgasm, or words to that effect; To be determined

    i. said "play with yourself, give yourself a sexual arousement, use toys, it's all about the woman, pleasuring themselves before introducing a man" or words to that effect; To be determined

j. asked Patient A whether she had sexually aroused herself (since the last appointment), or words to that effect; To be determined

k. demonstrated intercourse using the internal probe on Patient A, by moving it back and forth inside her vagina; To be determined

l. said words to the effect of:

i. "if this doesn't hurt then it shouldn't be a problem with your husband"; To be determined

ii. "if you can handle this pain then you should be able to handle having sex"; To be determined

iii. if Patient A didn't reach orgasm by doing what he was doing then she was doing it wrong; To be determined

iv. you were a good person for advice on sex and that you would sort Patient A's sex life out. To be determined

2. On the following dates you performed intimate examinations on Patient A and failed to have a chaperone present:

a. 17 October 2017; To be determined

b. 28 November 2017; Admitted and found proved

c. 19 December 2017; To be determined

d. 24 January 2018; Admitted and found proved

e. 13 March 2018; Admitted and found proved

f. 24 April 2018. To be determined

3. On or around 19 December 2017 you said to Patient A, in reference to her husband's penis,:

a. "it must be too big", or words to that effect; To be determined

b. "he is not doing the right thing", or words to that effect. To be determined

4. On or around 8 February 2018 whilst Patient A was admitted to the Princess Elizabeth Hospital ('the Hospital') you made the following comments to Patient A's husband:

   a. "oh did you do this with your big penis again", or words to that effect; To be determined

   b. "did you cause this again with your big willy, maybe you might have to take your trousers down so we can have a look at the size", or words to that effect; To be determined

   c. "we need to measure the size of your penis to see what damage it is causing", or words to that effect. To be determined

5. Your actions at paragraph 1a-d and k were carried out without Patient A's consent. To be determined

6. Your actions at paragraph 1- 2 were sexually motivated. To be determined

Patient B

7. On 30 May 2018 you performed surgery on Patient B at the Hospital and you failed to check the ureters at the time of the procedure. To be determined

Patient C

8. On 4 September 2018 you performed surgery on Patient C at the Hospital and you removed her ovaries when she did not consent to this. Admitted and find proved

9. On the following dates you undertook intimate examinations on Patient C and you failed to have a chaperone present:

   a. 3 July 2017; Admitted and found proved

   b. 28 November 2017; Admitted and found proved

   c. 23 October 2018. Admitted and found proved

Patient D

10. On 2 November 2018 you conducted an intimate examination on Patient D at MSG and you:

a. touched Patient D's clitoris; To be determined

b. wiped Patient D's vaginal area following examination; Admitted and found proved

c. failed to have a chaperone present; Admitted and found proved

d. dictated a letter to D's GP stating you had used a speculum which was untrue; To be determined

e. knew you had not used a speculum in the examination. To be determined

11. Your actions at paragraph 10d were dishonest by reason of paragraph 10e. To be determined

12. On 29 November 2018, you operated on Patient D at the Hospital and inappropriately removed both ovaries:

a. when she did not consent to this; Admitted and found proved

b. when there was no clinical indication for their removal. Admitted and found proved

13. On or around 1 December 2018, you examined Patient D at the Hospital for blood loss and you:

a. touched patient D's vagina; To be determined

b. touched Patient D's clitoris; To be determined

c. kept your hand on Patient D's underwear in her genital area while talking to her; To be determined

d. failed to have a chaperone present; To be determined

e. said to Patient D "you are a very beautiful girl", or words to that effect. To be determined

14. Your actions at paragraphs 10a-c and 13 were sexually motivated. To be determined

Patient E

15. On 13 November 2018 you had a consultation with Patient E at MSG and you failed to:

    a. arrange investigations for Patient E's heavy irregular periods; Admitted and found proved

    b. arrange treatment for an endometrial polyp; Admitted and found proved

    c. have a chaperone present during an intimate examination; Admitted and found proved

    d. appropriately communicate with Patient E in that you suggested she join you in the gym, or words to that effect. To be determined

Patient F

16. On 21 November 2018, during a consultation at MSG you:

    a. undertook an intimate examination on Patient F and failed to have a chaperone present; Admitted and found proved

    b. hugged Patient F; To be determined

    c. kissed Patient F. To be determined

17. On 4 December 2018, during a consultation at MSG, you behaved inappropriately toward Patient F in that you:

    a. hugged Patient F; To be determined

    b. kissed Patient F; To be determined

    c. asked intimate details about Patient F's sex life; To be determined

    d. said words to the effect of "you need to find someone outside of the family unit that you can go to and you have a sexual relationship with them so it fulfils your needs"; To be determined

    e. discussed masturbation with Patient F. To be determined

18. On 7 December 2018, during a consultation at MSG, you:

a. failed to have a chaperone present during an intimate examination of Patient F; Admitted and found proved

b. behaved inappropriately toward Patient F in that you:

i. hugged Patient F; To be determined

ii. kissed Patient F; To be determined

iii. discussed masturbation with Patient F; To be determined

iv. asked intimate details about Patient F's sex life; To be determined

v. said words to the effect of:

1. "are you feeling in the mood now?"; To be determined

2. "are you feeling horny now?"; To be determined

3. "is this conversation making you horny?"; To be determined

4. "oh I can see it in your face, you are, you're getting horny"; To be determined

5. Patient F should go on the internet on a dating website where no one knows her so Patient F can have sexual conversations with them; To be determined

6. "you need to find somebody that you can trust that can do things to you to make you feel good. It's up to you whether or not you want to do anything back to them, that's completely up to you, but you need to find somebody that can do all these acts to you"; To be determined

7. "it's important that you don't share this conversation with anybody because it's private and it's important that you keep all of this information personal so that you can kind of grow as a person and grow in confidence and if you start telling other people they won't understand all of that". To be determined

vi. on one or more occasion used your finger/s to stimulate Patient F's clitoris; To be determined

vii. moved your finger/s around the outside of Patient F's vagina; To be determined

viii. moved your finger/s around Patient F's rectum; To be determined

ix. during your actions as set out at paragraph 18bvi-viii above, you said words to the effect of:

1. "see, that feels good doesn't it?"; To be determined

2. "I can see that you're reacting to that, that that feels good"; To be determined

3. "did you enjoy that?"; To be determined

4. "I bet you wanted me to carry on". To be determined

c. circled 'yes' on a stamp in Patient F's medical records next to 'chaperone offered', which was untrue; To be determined

d. circled 'yes' on a stamp in Patient F's medical records next to 'chaperone declined', which was untrue; To be determined

e. you knew:

i. you had not offered Patient F a chaperone; To be determined

ii. Patient F had not declined a chaperone. To be determined

19. Your actions at paragraphs 16b and c, 17a and b, 18bi and ii and 18bvi-viii were carried out without Patient F's consent. To be determined

20. Your actions at paragraphs 16-18b were sexually motivated. To be determined

21. Your actions at paragraph 18c-d were dishonest by reason of paragraph 18e. To be determined

Data protection

22. Between 1 September 2016 and 25 January 2019 you retained on your personal mobile telephone:

a. clinical documents for 272 patients; To be determined

b. clinical photographs of:

i. Patient G; To be determined

ii. Patient H. To be determined

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

The Admitted Facts

10. At the outset of the hearing, through his counsel, Mr Ben Rich, Dr Shokouh-Amiri made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

The Facts to be Determined

11. In light of Dr Shokouh-Amiri's response to the Allegation made against him the Tribunal is required to determine the remaining paragraphs and sub-paragraphs of the Allegation.

Witness Evidence

12. The Tribunal received evidence on behalf of the GMC from the following witnesses:

- Patient A, in person.
- Person X, via video link.
- Patient D, in person.
- Patient E, via video link.
- Patient F, in person.

13. Dr Shokouh-Amiri also gave oral evidence to the Tribunal. In addition, he provided a witness statement dated 16 November 2024.

Expert Witness Evidence

14. The Tribunal received evidence from an expert witness, a Consultant in Obstetrics and Gynaecology, Mr I. He provided four separate written reports dated 14 August 2022, 5 June 2023, 4 July 2023 and 25 July 2024. He provided opinions on all aspects of the evidence obtained in the case.

15. Mr I also gave oral evidence at the hearing by way of video link.

Documentary Evidence

16. The Tribunal had regard to the documentary evidence provided by the parties. Each party provided their own bundle. This evidence included, but was not limited to, witness statements, medical records, records of police interviews, transcripts and testimonials, log of phone calls, messages between Patient A, D and F, MSG investigation report, expert statements.

The Tribunal's Approach

17. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Shokouh-Amiri does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred.

18. In relation to the allegations of dishonesty, the Tribunal had regard to the guidance in the case of *Ivey v Genting Casinos (UK) Limited [2017] UKSC 67:*

> *''When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no*

requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.'

19. The Legally Qualified Chair (LQC) advised that good character is something that the Tribunal should take into account when deciding any issues of fact. It is something which it should take into account, but it is not determinative. It is a matter for the Tribunal to determine what weight to attach to "*good character*". It can be a matter of cogency. Clearly it is not a defence to an allegation.

20. In relation to assessment of witnesses the LQC advised care must be taken when assessing all witnesses and demeanour may not be a good guide. The approach to credibility was recently addressed in Khan v GMC [2021] EWHC 374 per Knowles J quoting with approval from Dutta v GMC [2020] EWHC 1974 (Admin) per Warby:

"38. In any event, I regret to say, in my judgment the Tribunal's reasoning process is vitiated by at least three fundamental errors of approach.
First, the Tribunal approached the resolution of the central factual dispute by starting with an assessment of the credibility of a witness's uncorroborated evidence about events ten years earlier, only then going on to consider the significance of unchallenged contemporary documents. Secondly, the Tribunal's assessment of the witness's credibility was based largely if not exclusively on her demeanour when giving evidence. Thirdly, the way the Tribunal tested the witness evidence against the documents involved a mistaken approach to the burden of proof and the standard of proof.'

21. The conclusions Warby J pithily expressed at [42] were as follows:

"42 … It is an error of principle to ask, 'do we believe her?' before considering the documents … Reliance on a witness's confident demeanour is a discredited method of judicial decision making …"

22. The LQC advised that the term 'sexually motivated' is defined in the case of Basson v GMC [2018] EWHC 505 (Admin) as:

'Acting with sexual motivation is defined as conduct done either in pursuit of sexual gratification or in pursuit of a future sexual relationship'.

23. The Tribunal must be satisfied on the evidence that there was a specific intent.

24. The Tribunal must consider whether there is a plausible alternative explanation before determining if the conduct was sexually motivated.

25. The Tribunal reminded itself it must form it so own judgment about the evidence presented to it.

26. The Tribunal accepted the LQC's advice on cross admissibility and propensity.

The Tribunal's Analysis of the Evidence and Findings

27. The Tribunal has considered each outstanding paragraph of the Allegation and has evaluated the evidence in order to make its findings on the facts.

28. The Tribunal noted that Dr Shokouh-Amiri accepts that for some patient's aspects of his clinical care were substandard and that, on many occasions, he did not have a chaperone present for gynaecological examinations when he should have. Dr Shokouh-Amiri denies any inappropriate conduct, sexual motivation or making dishonest entries and states that there was nothing wrong in keeping clinical data on his phone because his phone used a SIM card issued by the MSG.

29. It noted that Patients A, D and F were interviewed by the Guernsey police, who investigated their allegations. No criminal proceedings arose from the police investigation into the allegations of sexual misconduct. However criminal proceedings did arise from the allegation that Dr Shokouh-Amiri had retained clinical material relating to patients and mishandled data on his personal mobile phone. Dr Shokouh-Amiri was acquitted of all charges.

30. The Tribunal noted that Patient F was the first complainant to go to the police. She alleged that the Registrant engaged in inappropriate sexual talk and also inappropriate conduct during gynaecological examinations on multiple occasions. It also noted that Patients D and A came into contact by telephone and message. Patient D's belief is that Dr Shokouh-Amiri had deliberately removed her ovaries, precipitating her into a premature menopause. Patient A's belief is that the Registrant had ruined her life through negligent medical treatment including the removal of her left ovary without consent. The Tribunal noted that phone records obtained by the police showed that Patient D had substantial contact with Patient A prior to both A and D reporting matters to the police. Patient D had some contact and a number of pre-existing casual connections with Patient F.

Patient A

31. Patient A first came into contact with Dr Shokouh-Amiri on the 7 September 2017, when he performed her hysterectomy. She did not meet him before the surgery. Her first appointment with him was on the 17 October 2017, after she had been admitted to hospital having experienced bleeding. Over the next five months, Patient A had monthly appointments with Dr Shokouh-Amiri.

32. The Tribunal noted the sequence of Patient A's complaints:

3 April 2018 – Patient A emails her deputy (similar to an MP) complaining about ongoing clinical issues she was experiencing at MSG and the invoices for treatment. There is no complaint about the Registrant's conduct, or any sexual allegations.

26 October 2018 - first formal complaint meeting at MSG, two months after her last consultation with the Dr Shokouh-Amiri. Patient A's issues are pain management and costs. Her only complaint about Dr Shokouh-Amiri is that she is not seeing him enough. There are no sexual or conduct allegations made at this stage. Patient A was sent meeting notes for her to review, and she made some handwritten notes on this document.

14 January 2019 – second formal complaint meeting at MSG. This meeting took place just over a week before Patient A made detailed allegations of sexual assault to the police. Her complaint references a "*cuddle*" which is said to have been inappropriately intimate. Patient A still does not mention her leg being rubbed. The emphasis is still on clinical issues with Patient A asking if they thought the operation had been done wrong in some way. It includes a complaint that the internal examination on 2 August 2018 was rough, Dr Shokouh-Amiri was pressing down on her and she was left in pain. There is no suggestion that it was carried out in a sexual way, or that inappropriate comments were made by Dr Shokouh-Amiri.

33. The Tribunal also noted that Patient A had informed the police that the consultation on 17 October 2017 was fine, then in oral evidence claimed that the inappropriate conduct started from that very first consultation in the presence of others including Relative R and continued to be repeated on each visit.

Paragraph 1a

> a. On one or more occasions between 17 October 2017 - 2 August 2018, whilst working at The Medical Specialist Group ('MSG'), you behaved inappropriately toward Patient A in that you: rubbed and/or touched Patient A's leg; To be determined

34. The Tribunal considered whether Dr Shokouh-Amiri touched/and or rubbed Patient A's leg.

35. In Patient A's GMC witness statement, dated 13 July 2021, she stated that:

> *'Following my appointment, Dr Shokouh-Amiri asked the nurse who was present to leave in order to arrange an appointment for me to take blood. I was sat down in a chair at the side of Dr Shokouh-Amiri and he was sat at his computer on an office chair with wheels. Once the nurse left, he turned his chair around and moved the chair right in front of me, coming very close. He lent forward and put his right hand on my left leg and was rubbing it; he said that a complaint had been made regarding the care and treatment I have been receiving….I was shocked upon hearing this news. Dr Shokouh-Amiri asked me to get in touch with* [Mr J] *from Princess Elizabeth Hospital and put in a good word for him, tell them that I am happy with the care I had been receiving.'*

36. It also had regard to Dr Shokouh-Amiri's written statement:

> *'My standard practice is to tell patients at the time I am going to examine them, and this will involve them moving their legs into a position on stirrups where I am able to clearly inspect the external genital areas. This position is well known and is recommended by the Royal College of Obstetricians and Gynaecologists as the standard position to undertaken gynaecological examinations. I tell patients at each stage what I am going to do. I would never rub a patient's leg.'*

37. The Tribunal noted Dr Shokouh-Amiri had admitted in evidence that he had been friendly with his patients but in a non-sexual way. In his oral evidence he explained that he would hug a patient when he *'was offering compassion and support… to provide comfort and reassurance.'* Dr Shokouh-Amiri had admitted to hugging Patient A but denied rubbing/touching her leg.

38. The Tribunal took into account the submissions made by Mr Rich that the concerns reported by Patient A about Dr Shokouh-Amiri were non-sexual from April 2018 to January 2019. The Tribunal noted that Patient A went to the police in late January 2019, and this was the first time she reported very serious and repeated assaults.

39. The Tribunal noted that prior to her police interview Patient A had contact with Patient D beginning on 31 December 2017 which continued as demonstrated in the police record of phone contact between them.

40. Having considered all the evidence, the Tribunal was satisfied on the balance of probabilities that Dr Shokouh-Amiri touched and/or rubbed Patient A's leg. The Tribunal noted that Patient A was consistent about the rubbing or touching of her leg across her police interview, correspondence to the GMC and oral evidence. On each occasion she clearly described the circumstances regarding the rubbing /touching of her leg in the context of conversation where she was asked to put in a good word for Dr Shokouh-Amiri. Dr Shokouh-Amiri recalls a similar conversation but denies rubbing/touching Patient A's leg.

41. Accordingly, the Tribunal find paragraph 1.a proved.

Paragraphs 1c, 1d, 1f, 1g, 1h,1i, 1j

c. touched Patient A's genitalia saying that is what she should be feeling, or words to that effect; To be determined

d. touched Patient A's genitalia and asked, "how does that feel?", or words to that effect; To be determined

f. said "this is how you should be feeling when you sexually arouse yourself, how your husband should arouse you and if not then you're doing it wrong", or words to that effect; To be determined

g. advised Patient A to use sex toys to orgasm, or words to that effect; To be determined

h. advised Patient A to use her fingers to get herself to orgasm, or words to that effect; To be determined

i. said "play with yourself, give yourself a sexual arousal, use toys, it's all about the woman, pleasuring themselves before introducing a n/9jman" or words to that effect; To be determined

j. asked Patient A whether she had sexually aroused herself (since the last appointment), or words to that effect; To be determined

42. The Tribunal considered these paragraphs of the allegation collectively. It took into account the evidence of Dr Shokouh-Amiri that it is standard practice during a Gynaecological examination to touch different areas of the patient's genitalia to ensure that he had full sight of the genital area. Dr Shokouh-Amiri also explained that any conversations or questions regarding sex are to ascertain whether physical or psycho-sexual factors may be contributing to a patient's difficulties with sexual activity, and this is routine part of a normal clinical assessment.

43. The Tribunal did not find Patient A's evidence credible or plausible in relation to these allegations. Patient A in her oral evidence asserted that similar inappropriate comments and behaviour occurred every time she attended and saw Dr Shokouh-Amiri. In addition, her evidence on these allegations was inconsistent. It noted that Patient A did not mention any of these specific matters in the two complaints meetings with MSG and in her correspondence to the deputy. In her oral evidence Patient A stated the inappropriate behaviour started at her first appointment, however in her police interview she stated that her first appointment seemed normal. The husband of Patient A could not corroborate the inappropriate comments at the appointments made by Dr Shokouh-Amiri when questioned. Patient A also said the comments and behaviour were carried out in front of Relative R and other health care professionals yet the Tribunal were not provided with any evidence from Relative R or health care professionals. Patient A was unable to attribute specific comments and actions to specific dates in her police interview or subsequently. In addition, her description of her complaints developed after contact with other complainants and over a period of time.

44. The Tribunal noted another key discrepancy was the reason for Relative R stopping attending appointments with her. She informed the police that it was because she did not need to be driven by Relative R after recovering from the operation, whereas she told the GMC that it was because of the conduct of Dr Shokouh-Amiri.

45. The Tribunal find that on the balance of probabilities that no inappropriate behaviour or comments were made. The Tribunal therefore find paragraphs 1c, 1d, 1f, 1g, 1h, 1i , 1j of the Allegation not proved.

Paragraph 1e

e. told Patient A she should be trying to have sex, or words to that effect; To be determined

46. In considering paragraph 1e of the allegation the Tribunal had regard to Dr Shokouh-Amiri's evidence:

'I deny telling Patient A that she 'should' be trying to have sex, however I admit that it is possible that as part of our discussions during one of her consultations I raised trying to have sex to see if she could relax or reduce the pain. We discussed the option of carefully attempting sexual activity to determine whether pain is actually present, as this could help guide further management.'

47. It also took into account the evidence of Mr I the expert witness:

'This is not an uncommon enquiry in gynaecological practice as it can be linked to relevant symptomatology and so was adequate in the context of that appointment.…'

48. The Tribunal determined that a conversation did take place about sex, however, it was not inappropriate for a gynaecology doctor to ask a patient who had undergone surgery questions about their sex life. It noted that in her police interview there had been recognition from Patient A that post operatively she had received a leaflet that states that a patient should be able to have sex 8 weeks after the operation. The Tribunal determined that having this type of conversation with a patient is a normal part of post operative care and not inappropriate.

49. Accordingly, the Tribunal find paragraph 1e of the Allegation not proved.

Paragraph 1k

k. demonstrated intercourse using the internal probe on Patient A, by moving it back and forth inside her vagina; To be determined

50. In determining this paragraph the Tribunal took into account Dr Shokouh-Amiri's statement:

> *'During a transvaginal scan the probe is inserted deeply into the vagina to enable a thorough visualisation of the pelvic organs. Since the probe does not offer a 3D view, it must be carefully manoeuvred from side to side and rotated 90 degrees to properly assess both the abdomen and pelvic floor. Moving the probe backwards and forwards ensures that all relevant structures are clearly visualised. Although the movements of the probe may feel firm at times, they are purely clinical in nature and should not be mistaken for anything resembling intercourse.'*

51. The Tribunal then considered Patient A's evidence in which she states the transvaginal probe was used in a sexual manner.

52. The Tribunal determined that it is procedurally correct for Dr Shokouh-Amiri to move the probe back and forth, however Patients A's interpretation of the examination was that he was moving the transvaginal probe sexually. Moreover, the Tribunal accepted the evidence of Dr Shokouh-Amiri and agreed that to get a clear and proper view Dr Shokouh-Amiri needed to move the transvaginal probe in the manner he did. The Tribunal determined that there is clinical justification as to how the probe was used. Patient A says when the transvaginal probe was used in a sexual manner it was in the presence of other people at multiple appointments. There is no evidence from anyone allegedly present that the probe was used in a sexual manner. The Tribunal preferred the explanation of the examination procedure of the vaginal scan by Dr Shokouh-Amiri.

53. Accordingly, the Tribunal find paragraph 1k of the Allegation not proved.

Paragraphs 1l (i-iv)

a. said words to the effect of:

i. "if this doesn't hurt then it shouldn't be a problem with your husband"; To be determined

ii. "if you can handle this pain then you should be able to handle having sex"; To be determined

iii. if Patient A didn't reach orgasm by doing what he was doing then she was doing it wrong; To be determined

iv. you were a good person for advice on sex and that you would sort Patient A's sex life out. To be determined

54. Given the Tribunal's findings in relation to paragraph 1k it also finds paragraph 1l, in its entirety not proved. The Tribunal considered it was unlikely Dr Shokouh-Amiri used the words as alleged. The Tribunal noted that Patient A stated that on each occasion she saw Dr Shokouh-Amiri, inappropriate behaviour and comments were repeated in front of others including Relative R, husband and health care professionals. There was no evidence from any other person present in relation to any comments made.

55. The Tribunal noted that in Patient A's police interview she stated: '*I can't recall what was said I wasn't physically or mentally well'.* The Tribunal noted there were inconsistencies across her oral and written evidence about the comments made. It noted that Dr Shokouh-Amiri had denied he said these words but admitted he may have asked Patient A if the examination was causing her pain.

56. The Tribunal noted Dr Shokouh-Amiri's evidence was consistent throughout his police interviews, written accounts and oral evidence. He provided a consistent explanation for his actions during the examination. The Tribunal did not consider that the GMC had provided sufficient evidence to prove the allegation. The Tribunal therefore find paragraph 1l (i-iv) of the Allegation not proved.

Paragraph 2a

2. On the following dates you performed intimate examinations on Patient A and failed to have a chaperone present:

a) 17 October 2017; To be determined

57. With regard to the 17 October 2017, the Tribunal noted Patient A's evidence that she was accompanied by Relative R. Dr Shokouh-Amiri carried out an internal examination and no chaperone was present, and none had been offered to her.

58. It also noted the evidence of Dr Shokouh-Amiri:

> *'On 17 October 2017, I reviewed Patient A in my Colposcopy Clinic, with the Colposcopy Nurse present as a chaperone. During the examination, a speculum assessment revealed a minor erosion at the vaginal apex, which I treated with Silver Nitrate. Additionally, I performed a transvaginal ultrasound, which showed no vault hematoma, though a small amount of fluid was observed in the pouch of Douglas (POD). Based on these findings, I scheduled a follow-up appointment in four weeks to assess the healing of the vaginal vault.*
>
> *I distinctly recall the circumstances of this appointment, as I occasionally accommodate patients requiring urgent care, as in this instance, by scheduling them at the end of my Colposcopy Clinic. This arrangement was made with the verbal agreement of the nurse, who consented to assist as both an assistant and a chaperone'.*

59. Taking everything into account, the Tribunal preferred the evidence of Dr Shokouh-Amiri who was able to recall the specific circumstances of this appointment taking place during a colposcopy clinic where a nurse was always present, over that of Patient A whose account was vague and inconsistent across her police interview, and subsequent accounts.

60. Therefore, the Tribunal find Paragraph 2(a) not proved.

Paragraph 2c

c. 19 December 2017; To be determined

61. With regard to 19 December 2017 the Tribunal noted Patient A's evidence that no chaperone was present or offered at this appointment.

62. The Tribunal noted the evidence of Dr Shokouh-Amiri:

> '*I saw patient A in clinic, and she appeared to be recovering well. However, she reported ongoing gastric discomfort and noted that she had experienced foul-smelling urine. A urinalysis was performed and returned normal results. A speculum examination was deferred to optimise healing and reduce the risk of infection.*

Given her persistent gastrointestinal symptoms, I referred her to Gastroenterologist [Dr K] *for further evaluation. A follow-up appointment in Gynaecology was scheduled for three months. No examination was conducted during this consultation.'*

63. The Tribunal also had sight of the clinic letter sent to her GP contained in the bundle which records that a gynaecological examination did not take place that day. There is no evidence to suggest otherwise.

64. Therefore the Tribunal find Paragraph 2(c) not proved.

Paragraph 2f

f. 24 April 2018. To be determined

65. With regards to 24 April 2018 the Tribunal noted the evidence of Patient A and oral evidence of Dr Shokouh-Amiri.

66. The Tribunal also had sight of a police witness statement dated 5 June 2019 from a nurse (Nurse L) who stated 'I *chaperoned for Dr Shokouh-Amiri and Patient A l on 24/4/18 and 2/8/18. have no recollection of any inappropriate behaviour or management from Dr Shokouh-Amiri. If I did feel at any time this was the case I would have consulted my line manager*'.

67. The Tribunal considered the evidence of Nurse L to be consistent with that of Dr Shokouh-Amiri and has no reason to believe either is being untruthful in relation to the presence of a chaperone on this occasion.

68. Therefore the Tribunal find paragraph 2 f not proved.

Paragraphs 3a and 3b

3. On or around 19 December 2017 you said to Patient A, in reference to her husband's penis,

a. "It must be too big", or words to that effect; To be determined

b. "He is not doing the right thing", or words to that effect. To be determined

69. In determining this paragraph of the allegation the Tribunal noted the evidence of Patient A:

'When I saw Mr Amiri he made a comment about the size of my husband's willy saying oh it must be too big or he's not doing something about it. You know not doing the right, right thing erm but he, he didn't just make that comment once he made it twice."

70. As with its previous findings the Tribunal noted there was a lack of corroborative evidence, which supports Patient A's version of events. Dr Shokouh-Amiri denies these words were said to Patient A. The GMC have not provided witness statements from Patient A's Relative R or the health professionals allegedly present.

71. In the absence of such corroborative evidence, the Tribunal could not be satisfied that Dr Shokouh-Amiri referenced Patient A's husband in the manner alleged on 19 December 2017.

72. Therefore the Tribunal find paragraph 3a and 3b not proved.

Paragraphs 4 (a) (b) (c)

4. On or around 8 February 2018 whilst Patient A was admitted to the Princess Elizabeth Hospital ('the Hospital') you made the following comments to Patient A's husband:

   a. "Oh, did you do this with your big penis again", or words to that effect; To be determined

   b. "Did you cause this again with your big willy, maybe you might have to take your trousers down so we can have a look at the size", or words to that effect; To be determined

   c. "We need to measure the size of your penis to see what damage it is causing", or words to that effect. To be determined

73. In determining this paragraph of the allegation the Tribunal had regard to Dr Shokouh-Amiri's statement:

'I understand from Patient's A's husband that it is alleged that I made these comments with two other Gynaecology consultants and a nurse present.

Not only would I not have made such comments, but I also find it unbelievable that had I made such comments in front of three colleagues, two Gynaecologist and a nurse, that they would not have said something to me at the time of this happening. This would have been entirely inappropriate and unprofessional.

English is not my first language. Whilst I have a solid grasp of the English language the word 'willy' is entirely outside my vocabulary. Prior to these allegations, I had never encountered this term and was completely unaware of its meaning and pronunciation'.

74. The Tribunal also noted the evidence of Person X:

'On one of these occasions, I was with her at hospital and there were three Gynaecologists there, including Dr Shokouh-Amiri. I believe there may have been a nurse there as well. They were all trying to figure out why patient A kept getting infections. I do not know the names of the other Gynaecologists that were there at the time. I was focussing on Dr Shokouh-Amiri he was the one speaking to us. Dr Shokouh-Amiri then said something like "we need to see the size of your weapon before you leave " and wanted to see the size of my penis and chuckled. I took this to be a joke'

75. The Tribunal also noted the evidence of Patient A:

'*He said about wanting to look at the size of my husband's penis if he caused this damage, referring to bleeding I had suffered following us trying to have intercourse. This was said in front of my ex-husband,* [Relative R]*,* [Dr M], [Dr N] and [Dr O]*'.*

76. The Tribunal noted the lack of evidence from the three health professionals allegedly present at the time to corroborate Person X's and Patient A's accounts. It also noted that Person X had sought to significantly alter their account provided in his statement for the police which was the most contemporaneous evidence. This was in relation to changing his statement to say that the problems his wife was experiencing were due to Dr Shokouh-Amiri, rather than "not" due to Dr Shokouh-Amiri in his initial account to the police. In addition, he said he did not think that Patient A felt violated and changed this to say that she did feel violated, in his GMC statement produced sometime later. The Tribunal was of the opinion that this impacted on the weight the Tribunal was able to attribute to the evidence of Person X.

77. Taking everything into account, the Tribunal was not satisfied that Dr Shokouh-Amiri had made these comments to Person X. Therefore, find paragraphs 4 (a) (b) (c) not proved.

Paragraph 5

5. Your actions at paragraph 1a- 1d and 1k were carried out without Patient A's consent. To be determined

78. In relation to paragraph 1a the Tribunal determined that Dr Shokouh-Amiri rubbed or touched Patent A's leg clearly is without consent. There is no evidence that Patient A

consented to Dr Shokouh-Amiri touching her leg. Therefore, it finds paragraph 5 proved in relation to paragraph 1a.

79. In relation to paragraph 1b the Tribunal determined that Dr Shokouh-Amiri hugging Patient A clearly is without consent. There is no evidence that Patient A consented to Dr Shokouh-Amiri hugging her. Therefore, it finds paragraph 5 proved in relation to paragraph 1b.

80. In relation to the remaining paragraphs, given the Tribunal findings at paragraphs 1c, 1d and 1k, and these being not proved, it did not need to consider whether there was a consent issue.

Paragraph 6

6. Your actions at paragraph 1- 2 were sexually motivated. To be determined

81. In relation to paragraph 1a the Tribunal considered whether this was sexually motivated. The Tribunal noted that both Dr Shokouh-Amiri and Patient A's account were that the touching or rubbing of Patient A's leg was brief and took place in the context of a conversation in which Dr Shokouh-Amiri was asking Patient A to '*put in a good word for him*'. The touching of the leg was not prolonged or in a sexual manner. Therefore, the Tribunal finds paragraph 6 not proved in relation to paragraph 1a.

82. In relation to paragraph 1b the Tribunal considered whether this was sexually motivated. The Tribunal again considered the case of *Basson* as noted above. The Tribunal noted that the hug took place during a gynaecology appointment in the presence of family members and staff. The hugs were not prolonged and not in a sexual manner. Therefore, it finds paragraph 6 not proved in relation to paragraph 1b. The complaints made by Patient A were not initially sexual and only became so when Patient A spoke to the police at which point she had been in touch with other complainants.

Patient B

83. The Tribunal noted that the allegation involving Patient B covers a single, discrete, issue. This is whether Dr Shokouh-Amiri checked Patient B's ureters at the time he carried out a surgical procedure on her on the 30 May 2018. The allegation arises from complications that Patient B suffered following her surgery on the 30 May 2018, which was carried out by Dr Shokouh-Amiri.

Paragraph 7

7. On 30 May 2018 you performed surgery on Patient B at the Hospital and you failed to check the ureters at the time of the procedure. To be determined

84. In determining this paragraph the Tribunal took into account Dr Shokouh-Amiri's evidence:

> *'I did check the ureters during the surgery on 30 May 2018. It is my usual surgical routine to visualise the ureters. If I could not visualise the ureters then I would have changed the technique I used. I have a background in gynaecology oncology, and I would have looked further and ensured I had identified the ureters before continued with the surgery. I would not have removed the ovaries without having visualised the ureters…. I do not accept that the ureters were cut during the surgery on 30 May 2018. If I had directly damaged Patient's B's ureters then it would have become immediately obvious during the surgery. Patient B would have suffered, haematuria intraoperatively, which she did not'.*

85. The Tribunal noted that Dr Shokouh-Amiri is an experienced surgeon and in his oral evidence highlighted his careful approach to identify the ureter during surgery by opening the retroperitoneal area. He explained the complexity associated of the surgical procedure of this patient because of extensive adhesions on the left side of the pelvis. He therefore took particular care throughout the procedure.

86. The Tribunal noted from Mr I's oral and written evidence that a ureteric injury caused at the time is known as a direct transection. This injury would be difficult to miss because the cut ends would be visible in the surgical field, and urine from the cut into the surgical field. It was accepted that the evidence presented supported the fact that Dr Shokouh-Amiri checked throughout the procedure. Both Dr Shokouh-Amiri and Mr I agreed that the injury would be obvious, and that any competent surgeon would see it. From Mr I's evidence the Tribunal understood that an indirect thermal injury would develop over time and not be detectable at the time.

87. The Tribunal determined that it was unlikely that an experienced surgeon such as Dr Shokouh-Amiri would miss a direct injury to the ureter given the description given by the expert. The Tribunal accepted that Dr Shokouh-Amiri checked the ureter.

88. Therefore, the Tribunal finds paragraph 7 not proved.

Patient D

89. The Tribunal noted that Patient D's first meeting with Dr Shokouh-Amiri was on the 2 November 2018. During the course of that meeting, Dr Shokouh-Amiri carried out an intimate examination. Dr Shokouh-Amiri accepts that he did not have a chaperone present for that examination.

Paragraph 10a

> 10. On 2 November 2018 you conducted an intimate examination on Patient D at MSG and you: touched Patient D's clitoris; **To be determined**

90. The Tribunal noted that Dr Shokouh-Amiri confirms he carried out an intimate examination wiped her vaginal area down. He accepts that the touching of the clitoris may have occurred.

> *'As part of my role as a Gynaecologist, contact with the clitoral area may occasionally occur during a clinically appropriate examination. I accept I may have come into contact with Patient D's clitoris during the examination on 2 November 2018. However, any contact would have been solely in the context of conducting a necessary and thorough clinical assessment.'*

91. The Tribunal also had regard to Patient D's evidence regarding her vague recollection over the consultation on the 2 November 2018.

> *"I was just in such a rush to … get to the appointment I need it done you know and I was too busy more to be fair focussing on oh I wish I could go private and I just want the op done … but I never had any reason to think that I needed to quote and write everything down. Didn't think anything of it although thought oh yeah you know there's that little thing but really very busy life'*

92. It also noted her evidence to the police regarding the contact on her clitoris:

> '*I felt uncomfortable but I feel a little bit something, ooh I don't know, then I'm certain it was the internal probe then was used but it felt just before and sort of after I felt like your sensitive area, which would be your clitoris area then I remember feeling, touching there or something or a touch but very briefly'*

93. The Tribunal also noted the evidence from Mr I:

> *'a digital pelvic examination does involve the examiner's hand coming into close contact with the vaginal introitus and therefore also the clitoris. If the Tribunal were to find that*

the clitoris was touched inappropriately then this would be seriously below the expected standard'

94. The Tribunal accept that Dr Shokouh-Amiri inadvertently came into contact with Patient D's clitoris when doing an internal examination. There is no evidence that has been presented to prove the touch was deliberate or carried out in a sexual manner.

95. Therefore the Tribunal find paragraph 10a proved.

Paragraph 10d & 10e

d. dictated a letter to D's GP stating you had used a speculum which was untrue; To be determined

d. knew you had not used a speculum in the examination. To be determined

96. The Tribunal noted that Dr Shokouh-Amiri admitted that he had used a speculum during the examination. In his evidence he explained why this was carried out:

'*I needed to undertake an internal examination because Patient D was a new patient to me and she had also developed new symptoms since she last saw a consultant. This is routine clinical practice. In all cases where I do an internal examination, I always start by visualising the area I need to examine. This is not possible without using a speculum'*

97. It also noted the evidence of Patient D:

'I looked at the letter he sent to my GP following the examination, which said he used a speculum. I am certain he didn't use this. I know the feeling of using that, you are aware it is there and it is uncomfortable. I cannot now recall when I got the letter, I may have had it before my operation or I don't know if I got it afterwards but I knew in my head something wasn't right.'

98. The Tribunal accepts the evidence of Dr Shokouh-Amiri, that a speculum was required to conduct a full assessment. Patient D had been referred to him for surgery. Dr Shokouh-Amiri needed to evaluate any abnormalities he might face in the operating theatre. Patient D only raised concerns in relation to this when looking at medical records sometime after and with the trauma of the removal of her ovaries in her mind. As stated earlier, Patient D admits she has memory problems due to certain health conditions. The Tribunal also accepted Dr Shokouh-Amiri's oral evidence that there would have been no reason for him to state a speculum examination had been done if it had not in a letter to the GP as the GP would not know either way.

99. Therefore the Tribunal find paragraphs 10d & e not proved.

Paragraph 11

11. Your actions at paragraph 10d were dishonest by reason of paragraph 10e. To be determined

100. Given the Tribunal's findings in relation to paragraphs 10d and 10e it therefore find paragraph 11 not proved.

Paragraph 13a -13e

13 On or around 1 December 2018, you examined Patient D at the Hospital for blood loss and you:

a. touched patient D's vagina; To be determined

b. touched Patient D's clitoris; To be determined

c. kept your hand on Patient D's underwear in her genital area while talking to her; To be determined

d. failed to have a chaperone present; To be determined

e. said to Patient D "you are a very beautiful girl", or words to that effect. To be determined

101. The Tribunal noted that in Patient D's medical records Dr Shokouh-Amiri reviewed her on the ward the following day after she was admitted. This is noted in the medical records as being at 08.45, 11.00 and 17.15. There is no documentary evidence that Dr Shokouh-Amiri saw Patient D overnight or in the early hours, or checked on up to five times as claimed by Patient D.

102. The Tribunal took account of Dr Shokouh-Amiri's evidence:

'She was initially seen by my colleague [Mr P]*, Locum Consultant Obstetrician and Gynaecologist. I was asked by* [Mr P] *to conduct a review of Patient D as she was under my care. I attended and in the presence of* [Mr P] *and the duty nurse,* [Nurse Q]*, I examined Patient D's abdomen*

Based on the clinical presentation, a vaginal examination was not performed by myself, [Mr P]*, or the A&E team. There was no indication for an internal examination, and we*

prioritised minimizing any risk of infection. In the presence of the duty Nurse and [Mr P]*, I conducted an abdominal examination and an ultrasound scan.'*

103. The Tribunal noted that Patient D accepts that the first time she was checked was by a nurse. Patient D got confused about how many times the pad was checked and who did it. Again, the Tribunal noted that Patient D was vague and unsure of the incident in her police statement as it occurred just after an operation, and she was on painkillers and in shock.

104. It noted that Patient D's account of touching of her vagina and clitoris was not consistent with the allegations. In her police interview she stated: *I sort of felt his little finger sort of touched the top of my knicker line so to speak and then it was then that he asked me if I had any loss and I said no I'm quite surprised I haven't had any really thinking and he sort of he said oh let me check. I think the nurse had already checked the day before and I sort of just pulled, he sort of pulled them down, he sort of pulled the pack and sort of put his fingers there just to have a look … he's just pushing down I spose my belly's swollen but as the pad's sort of come down it sort of just almost felt like a touch again but it was a bit and then sort of a hand there and I thought you've still got your hand on me …"if I didn't have a gut feeling or knew there was I wouldn't have come this far but all my main concern is that I just I can only give you what I'm certain and that this and that it's certain time lines on that is a little bit some of it is a bit vague what time around the ward 'cos obviously with all the medication and things you know I just but if just know that if you asked me to give you everything specific some things are hazy some things you know but if you said to me could you actually stand here in Court now and say to me that you feel something's not right, something's yeah -absolutely without hesitation but it's just piecing it all together because it wasn't so obvious and I think even now had it not been that I'd heard of somebody else I would still be thinking just in my head".*

105. The Tribunal determined that Patient D's evidence was inconsistent and not reliable in relation to this allegation. Dr Shokouh-Amiri explained in evidence that checking a pad is a task that would be done by a nurse, not a doctor. Furthermore it noted there is no record of Patient D's pad being checked and she was reported as being haemostatically stable.

106. Therefore the Tribunal find paragraphs 13a-d not proved.

107. In relation to the presence of a chaperone, the Tribunal accepted Dr Shokouh-Amiri's account that there was always a nurse present when he was with Patient D on the ward. In oral evidence Dr Shokouh-Amiri was able to describe the ward set up and that he would need a nurse to accompany him to visit his patients. Patient D was unable to recall any specific details about her interactions with Dr Shokouh-Amiri and the nurses whilst on the ward. By her own account her memory at this time was hazy. The Tribunal therefore find paragraph 13 d not proved.

108. In relation to paragraph 13e Patient D said in her police interview '*that's when I think he said the attractive lady bit but I did say my other concern is mental health'.* It noted that Dr Shokouh-Amiri denies making this comment. The Tribunal took into account that Patient D's account on the ward was hazy. On the balance of probabilities, the Tribunal finds paragraph 13e not proved.

Paragraph 14

14. Your actions at paragraphs 10a-c and 13 were sexually motivated. To be determined

109. Given the Tribunal findings in relation to paragraph 13, it therefore finds paragraph 14 not proved in relation paragraph 13. In relation to paragraphs 10a the Tribunal considered the expert opinion of Mr I and accepted that the touching of Patient D's clitoris was touched inadvertently as part of a routine gynaecological examination. Therefore, it found it not sexually motivated.

110. In relation to paragraph 10b the Tribunal considered the expert opinion of Mr I.

> *'On occasion a gynaecologist may use a wipe to remove any blood or jelly from the perineum or upper legs at the end of the examination for hygiene reasons. This would be a transient wiping if there was excess blood or jelly, which would in itself not be inappropriate.'*

111. The Tribunal accepted Mr I's evidence that it was part of a routine gynaecology examination and therefore finds it was not sexually motivated.

112. Therefore the Tribunal finds paragraph 10a not proved in relation to paragraph 14.

113. In relation to paragraph 10c, the Tribunal find it was not sexually motivated, given the Tribunal findings in relation to paragraph 10a and 10b.

114. Therefore the Tribunal finds paragraph 10c in relation paragraph 14 not proved.

Paragraph 15

d. appropriately communicate with Patient E in that you suggested she join you in the gym, or words to that effect. To be determined

115. The Tribunal noted that Dr Shokouh-Amiri does not recall this conversation with Patient E, in his statement he explained:

' *I deny that I told Patient E that she should join me at the gym. I did not invite her to go to the gym with me. Patient E had suffered weight gain and in order to improve her general health and assist with the condition I was treating her for, I encouraged her to take up exercise and suggested that she go to the gym. I only knew one gym locally and I may have told Patient E that I attended that gym and that I recommended it, but I did not invite her to go to the gym with me*.'

116. It also noted the witness statement of Patient E:

'*I was talking to him about my general issues and explained I was finding it hard to lose weight etc and he said he would come to the gym with me and show me good exercises to do. I sensed he may be lonely and thought he was maybe here without family, otherwise he wouldn't ask to take a patient to the gym'*

117. The Tribunal noted Patient E has been consistent in her evidence throughout. It considered that Dr Shokouh-Amiri was being friendly with a patient, something which he has admitted to in relation to other allegations. Patient E did not talk to any other patients, and there is no evidence of any collusion. Following this incident Patient E continued to see Dr Shokouh-Amiri.

118. The Tribunal find that on the balance of probabilities a conversation did take place about going to the gym, in the manner described by Patient E and, therefore it finds paragraph 15 proved.

Paragraph 16 b & c

Patient F

On 21 November 2018, during a consultation at MSG you:

a. hugged Patient F; To be determined

b. kissed Patient F. To be determined

119. With regard to paragraph 16 b the Tribunal noted the evidence of Patient F:

'*I had an early morning appointment with Dr Shokouh-Amiri. When I arrived, he gave me a hug when he saw me. It was just me and him during the consultation. He said that he wanted to see me to start off and plan talking about my anxiety. He was very comforting and held my hands a few times to comfort me.'*

120. Patient F in her evidence stated she felt comforted by the hug and did not think anything of it. Patient F carried on ringing Dr Shokouh-Amiri's secretary to make further appointments.

121. It noted that Dr Shokouh-Amiri has admitted in previous paragraphs of the allegations that he has hugged patients on occasion, in oral evidence he admitted that he has been friendly with patients in the past, however, not in a sexual way but more as a reassurance type of gesture. The Tribunal accepted the evidence of Patient F on this point coupled with the propensity for Dr Shokouh-Amiri to be overfamiliar and find paragraph 16b proved.

122. Patient F in her evidence to the police stated that Dr Shokouh Amiri kissed and hugged her on two occasions. When asked about the kiss by the police she stated it was just a hug and a kiss on the cheek. During oral evidence Patient F was consistent in stating that the kiss was on the cheek and that with the hug were reassuring and comforting to her.

123. The Tribunal noted the evidence of Dr Shokouh-Amiri in which he stated:

> *' I deny that I hugged and kissed Patient F. I do not remember this appointment well, but I recall that when I called Patient F into the room she was really worried. I put my hands on her hands to reassure her and I asked her why she was so worried.'*

124. The Tribunal accepted the evidence of Patient F on this point coupled with the propensity for Dr Shokouh-Amiri to be overfamiliar and finds paragraph 16c proved.

Paragraph 17

On 4 December 2018, during a consultation at MSG, you behaved inappropriately toward Patient F in that you:

a. hugged Patient F; To be determined

b. kissed Patient F; To be determined

125. Given the Tribunal's findings in relation to paragraphs 16b the Tribunal finds that on the balance of probabilities Dr Shokouh-Amiri did hug Patient F on 4 December 2018. Therefore, the Tribunal finds paragraph 17a proved.

126. For the same reason as outlined in 16b and 16c, the Tribunal find paragraph 17a and 17b proved. The Tribunal considered the evidence of Mr I '*if accepted this was inappropriate*'. The Tribunal accepted the evidence of Mr I and concluded that a hug and kiss to a patient in a medical appointment even to offer reassurance or comfort is inappropriate.

Paragraph 17c

c. asked intimate details about Patient F's sex life; To be determined

127. With regards to paragraph 17c, the Tribunal finds that to an extent a gynaecological doctor has to ask the patient about intimate details when carrying out an examination. It noted the evidence of Mr I:

'*This would only be relevant in the context of the gynaecological history and accompanying symptoms such as bleeding after intercourse or painful sex'.*

128. The patient was reporting that she was sore, and the Tribunal considered that questioning the patient about sex was not inappropriate in the context of the examination and the condition she presented with. It also noted that Patient F offered information about her sex life:

'*He then went on to ask me how many times me and my partner have sex and I said* [XXX]'

129. The Tribunal accepts the doctor responded to her concerns and asked Patient F further intimate details about her sex life. However, it was not inappropriate in the context of this gynaecological examination. Therefore, the Tribunal finds paragraph 17c, not proved.

Paragraph 17d

d. said words to the effect of "you need to find someone outside of the family unit that you can go to and you have a sexual relationship with them so it fulfils your needs"; To be determined

130. In determining this paragraph the Tribunal noted the police statement of Patient F

'*He said that if my partner did not like going to the cinema, then I should find a friend who does like going to the cinema and go with them instead. At the time, I thought that was a literal statement and did not take it as an analogy. It was only at a later date that I realised that it was an analogy for having sex with someone other than my partner.'*

131. The Tribunal notes that she thought it was a literal statement, and it was only at a later date that she changed her mind and, 'realised that it was an analogy of having sex with someone other than her partner'. The Tribunal noted that Patient F did not tell the police that Dr Shokouh-Amiri had directly used the words as alleged in paragraph 17d. Instead, she had reported interpreting his comments about a trip to the cinema as comments about having sex with someone else - she states she only thought this 'at a later date'.

132. Patient F also states in evidence to the police and GMC that she visited her partner at work directly after the appointment:

> *'That afternoon, I visited my partner at work to tell him about my appointment with Dr Shokouh-Amiri. We both laughed about it, as we felt as though he was asking extremely personal questions. However, we did not question that there was an ulterior motive and trusted that there was a good reason for him asking what he did (about sex and masturbation).'*

133. Patient F has stated she changed her view of the conversation 'sometime later'. The Tribunal finds it highly unlikely that she would laugh about such a comment with her partner in the immediate aftermath, words as alleged or the effect of.

134. The Tribunal noted that Patient F had continued to request appointments with Dr Shokouh-Amiri after the alleged comment.

135. The Tribunal noted that Dr Shokouh-Amiri denies this allegation.

136. In conclusion, the Tribunal finds that Dr Shokouh-Amiri had not made this comment or words to that effect, in the appointment. It noted that it was sometime later and after conversations with Patient A and D, that Patient F changed her view of the conversation and thought it was an analogy, rather than taking it as a literal statement. It also noted that Patient F asked to see Dr Shokouh-Amiri several times after that alleged comment was made, she also laughed about the appointment afterwards with her partner, which supports the finding that such words were not used.

137. The Tribunal therefore finds that Dr Shokouh-Amiri did not make any comment as alleged and found it not proved.

Paragraph 17e

e. discussed masturbation with Patient F. **To be determined**

138. The Tribunal noted Dr Shokouh-Amiri denies discussion masturbation with Patient F. He explained that he had a clinical reason to ask patients about intimate details during gynaecological examinations. During the consultation Patient F spoke about her difficulties her sex life including various factors such as soreness. In response Dr Shokouh-Amiri advised her on the management of XXX more likely he further talked about way to deal with her

concerns including masturbation. The GMC has not proved on the balance of probability that Dr Shokouh-Amiri has asked about masturbation in an inappropriate way.

139. Therefore the Tribunal find **paragraph 17e** not proved.

Paragraph 18

18 On 7 December 2018, during a consultation at MSG, you:

a. behaved inappropriately toward Patient F in that you:

i. hugged Patient F; **To be determined**

ii. kissed Patient F; **To be determined**

iii. discussed masturbation with Patient F; **To be determined**

iv. asked intimate details about Patient F's sex life; **To be determined**

v. said words to the effect of:

1. "are you feeling in the mood now?"; **To be determined**

2."are you feeling horny now?"; **To be determined**

3."is this conversation making you horny?"; **To be determined**

4."oh I can see it in your face, you are, you're getting horny"; **To be determined**

5.Patient F should go on the internet on a dating website where no one knows her so Patient F can have sexual conversations with them; **To be determined**

6."you need to find somebody that you can trust that can do things to you to make you feel good. It's up to you whether or not you want to do anything back to them, that's completely up to you, but you need to find somebody that can do all these acts to you"; **To be determined**

7."it's important that you don't share this conversation with anybody because it's private and it's important that you keep all of this information personal so that you can kind of grow as a person and

grow in confidence and if you start telling other people they won't understand all of that". To be determined

vi. on one or more occasion used your finger/s to stimulate Patient F's clitoris; To be determined

vii. moved your finger/s around the outside of Patient F's vagina; To be determined

viii. moved your finger/s around Patient F's rectum; To be determined

ix. during your actions as set out at paragraph 18bvi-viii above, you said words to the effect of:

1. "see, that feels good doesn't it?"; To be determined
2. "I can see that you're reacting to that, that that feels good"; To be determined
3. "did you enjoy that?"; To be determined
4. "I bet you wanted me to carry on". To be determined

b. circled 'yes' on a stamp in Patient F's medical records next to 'chaperone offered', which was untrue; To be determined

c. circled 'yes' on a stamp in Patient F's medical records next to 'chaperone declined', which was untrue; To be determined

d. you knew:

i. you had not offered Patient F a chaperone; To be determined

ii. Patient F had not declined a chaperone. To be determined

140. The Tribunal noted that Dr Shokouh-Amiri denies the entirety of the allegations in relation to Patient F.

141. The Tribunal accepted submissions that certain elements of Patient F's medical history should be heard in private session and as such any reference to these aspects will be redacted in the final transcript. This decision was made in the interests of justice, having regard to the need to enable Patient F to give her best possible evidence.

Paragraph 18 b(i)

18 On 7 December 2018, during a consultation at MSG, you:

b. behaved inappropriately toward Patient F in that you:

i. hugged Patient F; To be determined

142. For the reasons set out above in paragraphs 16b and 17a the Tribunal find that on the balance of probabilities Dr Shokouh-Amiri did hug Patient F. Therefore, it finds paragraph 18b(i) proved.

Paragraph 18b (ii)

ii. kissed Patient F; To be determined

143. For the reasons set out above in paragraph 16c and 17b the Tribunal find that on the balance of probabilities Dr Shokouh-Amiri did kiss Patient F. Therefore, finds paragraph 18b(ii) proved.

Paragraph 18 (b) iii

iii. discussed masturbation with Patient F; To be determined

144. The Tribunal noted it was the view of Dr Shokouh-Amiri that he had a clinical reason to ask patients about intimate details. During the consultation the patient had concerns about her sex life. In response to her concern, the Tribunal did not consider it to be inappropriate in the context of a clinical appointment for Dr Shokouh-Amiri to ask a patient about their sex life but the GMC has not proved on the balance of probability that Dr Shokouh-Amiri has asked about masturbation in an inappropriate way.

145. Therefore, the Tribunal finds paragraph 18 b iii not proved.

Paragraph 18 (b) iv

iv Asked intimate details about Patient F's sex life; To be determined

146. With regards to paragraph 18b iv, the Tribunal finds that to an extent a gynaecological doctor has to ask the patient about intimate details when carrying out an examination. It noted the evidence of Mr I:

'*This would only be relevant in the context of the gynaecological history and accompanying symptoms such as bleeding after intercourse or painful sex'.*

147. The Tribunal accepts the doctor responded to Patient F's concerns and did progress the conversation further and asked the patient intimate details about her sex life. However, it was not inappropriate in the context of this gynaecological examination. Therefore, the Tribunal finds **paragraph 18 (b) iv**, not proved.

Paragraph 18 (b) v 1 to 7

iv. said words to the effect of:

1. "are you feeling in the mood now?"; **To be determined**

2."are you feeling horny now?"; **To be determined**

3."is this conversation making you horny?"; **To be determined**

4."oh I can see it in your face, you are, you're getting horny"; **To be determined**

5.Patient F should go on the internet on a dating website where no one knows her so Patient F can have sexual conversations with them; **To be determined**

6."you need to find somebody that you can trust that can do things to you to make you feel good. It's up to you whether or not you want to do anything back to them, that's completely up to you, but you need to find somebody that can do all these acts to you"; **To be determined**

7."it's important that you don't share this conversation with anybody because it's private and it's important that you keep all of this information personal so that you can kind of grow as a person and grow in confidence and if you start telling other people they won't understand all of that". **To be determined**

148. The Tribunal noted that Patient F said to Dr Shokouh-Amiri that she had told her partner what happened at her appointment on 4 December 2018. When she attended the appointment on the 7 December 2018 she said:

> '*And then I said to him(Dr Shokouh-Amiri) oh but I have spoken to my partner about our conversation that we had on Tuesday and he said why did you tell him and I said oh because I thought it was important to share it with him I said because we spoke about mine and his sex life and I said* [XXX]'

149. The Tribunal also noted an element of self-doubt in Patient F in her police statement a year after the consultation:

> *'I was struggling to get my head around things. I seemed to forget that other women had come forward and I continued to feel guilty for reporting Dr Shokouh-Amiri to the Police. I also still didn't believe that he acted out of line and that there would be a medical explanation for why he acted in the manner that he did.'*

150. The Tribunal finds that Patient F had convinced herself she had become confused over the details of the consultation. Generally, she said that although she could remember everything clearly, she "questioned her own sanity and whether I had unknowingly made everything up". It noted that Patient F reported suffering from health anxiety and having problems with her memory. The Tribunal noted that there had been hugs, kisses, and a discussion of intimate details with Patient F. It accepted that there had been a blurring of boundaries by Dr Shokouh-Amiri and straying by him into psychosexual areas.

151. The inherent probability of Dr Shokouh-Amiri acting in the way alleged in an appointment where Patient F flagged that she was speaking to her partner about the appointments was also considered by the Tribunal.

152. The primary evidence in relation to this allegation come from Patient F and Dr Shokouh-Amiri. The Tribunal noted that other people, including her partner, had been spoken to by the police, however, the Tribunal do not have evidence before it from those individuals mentioned in her statement, to support Patient F's account. It noted the evidence of Patient F:

> *'My phone was taken, and data taken off it, to be used as evidence. My partner's phone was also taken. He was interviewed, along with my closest family and friends, who I had told.* [XXX]. *As I had to tell my boss at work about what had happened, I also had Police coming into my place of work to interview my boss. On top of all of this, I trusted Mr Shokouh-Amiri with my inner most thoughts and discussed with him things that I wouldn't necessarily talk to my partner about.'*

153. The Tribunal had regard for Dr Shokouh-Amiri's evidence in which he denies this allegation.

154. The Tribunal finds that it was inherently improbable that Dr Shokouh-Amiri, having been told that Patient F was discussing matters with her partner including the allegation of a conversation about finding another sexual partner, would then escalate matters and continue to make inappropriate comments to Patient F.

155. The Tribunal reminded itself that it is for the GMC to prove its case. It's also reminded itself of the need for careful scrutiny of the evidence before it. In the absence of sufficient evidence and due to the inherent improbability, the Tribunal could not be satisfied that Dr Shokouh-Amiri had acted inappropriately towards Patient F as set out in allegations 18 (b) iii - v.

156. Therefore, the Tribunal finds paragraph 18 (b) v 1 to 7, not proved.

Paragraph 18 vi to ix

vi. on one or more occasion used your finger/s to stimulate Patient F's clitoris; To be determined

vii. moved your finger/s around the outside of Patient F's vagina; To be determined

viii. moved your finger/s around Patient F's rectum; To be determined

ix. during your actions as set out at paragraph 18bvi-viii above, you said words to the effect of:

1. "see, that feels good doesn't it?"; To be determined
2. "I can see that you're reacting to that, that that feels good"; To be determined
3. "did you enjoy that?"; To be determined
4. "I bet you wanted me to carry on". To be determined

157. The Tribunal had regard to the matters set out above in relation to Patient F regarding her evidence and in particular the flagging up to Dr Shokouh-Amiri, that she had discussed with her partner inappropriate comments allegedly made at a previous examination on the 4th December 2018 by Dr Shokouh-Amiri.

158. Having regard to the considerations above, the Tribunal finds that it was inherently improbable that Dr Shokouh-Amiri, having been told that Patient F was discussing matters with her partner including the allegation of a conversation about finding another sexual partner, would then escalate matters to commit what would amount to serious sexual assaults. The Tribunal also had regard to the fact that Patient F had expressed doubts to the

police and others about her recollection of the alleged events and only reported matters to the police having spoken to XXX.

159. Therefore, the Tribunal finds paragraph 18 vi to ix not proved.

Paragraphs 18c, 18d, 18e

c. circled 'yes' on a stamp in Patient F's medical records next to 'chaperone offered', which was untrue; To be determined

d. circled 'yes' on a stamp in Patient F's medical records next to 'chaperone declined', which was untrue; To be determined

e. you knew:

i. you had not offered Patient F a chaperone; To be determined

ii. Patient F had not declined a chaperone. To be determined

160. The Tribunal noted the statement of Dr Shokouh-Amiri:

'Whenever I needed to perform an intimate examination, I always asked my patients if they would like a chaperone. However, at MSG, chaperoning wasn't a dedicated role, and chaperones were not present for the entire consultation. If a patient requested one, I had to step out of the consultation room to find someone who could assist. Unfortunately, there were often few staff members available, such as personal assistants, who had only completed a brief, one-hour chaperone course.''

161. The Tribunal also noted that Dr Shokouh-Amiri had been generally discouraged from offering patients a chaperone. It noted there were difficulties with availability of chaperones at MSG at the time. When Dr Shokouh-Amiri first joined he was told about a locum whose contract had been terminated due to the fact he insisted on a chaperone at appointments. Patient F stated she was never offered one.

162. The Tribunal noted that for this allegation to be proved, the GMC would need to satisfy it that, Dr Shokouh-Amiri made a false entry in the medical records in front of Patient F, by circling 'yes' on a stamp within Patient F's medical records. It noted that there is no evidence beyond that of Dr Shokouh-Amiri and Patient F as to whether a chaperone was offered and declined on this occasion.

163. It also noted that Dr Shokouh-Amiri has admitted in previous paragraphs of the allegation that he failed to provide a chaperone, but was adamant on this particular occasion that he did offer a chaperone.

164. Taking everything into account, the Tribunal finds that there is not sufficient evidence to prove this allegation, therefore, **Paragraphs 18c, 18d, 18e** are not proved.

Paragraph 19

Your actions at paragraphs 16b and c, 17a and b, 18bi and ii and 18bvi-viii were carried out without Patient F's consent. **To be determined**

165. With regards to paragraph 16b and c the Tribunal had regard to Patients F's police statement

> *'Erm and then at that point I left he held his arms out to give me a hug erm and he gave me a hug and a kiss on the cheek and said that erm we'll sort it out. So I said oh okay great thank you and again I walked out thinking he's just a lovely caring man and he's gonna help me'.*

166. The Tribunal noted the way in which Patient F said that Dr Shokouh-Amiri held out his arms out to Patient F. It appears on the balance of probabilities it was with consent on this occasion due to the description given by Patient F in relation to this hug and kiss. However, with regards to 17a and b, 18bi and bii the Tribunal finds the hugs and kisses were carried out as a reassurance to Patient F but without consent.

167. The Tribunal therefore finds the hugs and kisses as stated in paragraph 17 a and b, 18bi and bii were not with consent, therefore it finds these paragraphs proved in relation to paragraph 19.

Paragraph 20

20. Your actions at paragraphs 16-18b were sexually motivated. **To be determined**

168. In relation to paragraphs 16a and b and 17a and b and 18 bi and bii. The Tribunal noted that Patient F saw the hugs and kisses as reassuring. The Tribunal noted that no evidence of any sexual element in relation to the hugs and kisses was advanced by Patient F. The Tribunal taking the views of Patient F into account and noting the absence of any other persuasive evidence, the Tribunal determined that Dr Shokouh-Amiri's actions were not sexually motivated even when as the Tribunal finds, the hugs and kisses on two occasions were not done with the patient's consent.

169. Therefore the Tribunal finds paragraph 20 not proved.

Paragraph 21

21 Your actions at paragraph 18c-d were dishonest by reason of paragraph 18e. To be determined

170. The Tribunal accepted that Dr Shokouh-Amiri was discouraged from offering chaperones at MSG, Dr Shokouh-Amiri in his evidence accepted he should have been more persistent in this area.

171. Given the Tribunal's findings in relation to paragraphs 18c, d and e, and that the Tribunal had found these allegations not proved. The Tribunal therefore finds paragraph 21 not proved.

Data Protection

Paragraph 22

Between 1 September 2016 and 25 January 2019, you retained on your personal mobile telephone:

a. clinical documents for 272 patients; To be determined

b. clinical photographs of:

i. Patient G; To be determined

ii. Patient H. To be determined

172. It noted that Dr Shokouh-Amiri explained that all the items which were recovered were on a sim card issued to him by the MSG IT department. With permission from the IT department, he inserted the sim card into his personal mobile phone.

173. The Tribunal noted that the phone was password and fingerprint protected, with facial recognition and no one had access, but Dr Shokouh-Amiri. It took into account the police admission document where Dr Shokouh-Amiri had stated that he had seen other colleagues at the hospital use their personal phone for work. Dr Shokouh-Amiri approached the IT department at MSG. It noted that the IT department had no objection to Dr Shokouh-Amiri using his personal phone and asked him if he would like his laptop to set up for clinical purposes.

174. There has been no evidence offered to the Tribunal of MSG mobile phone policies and the use of personal devices for work.

175. The Tribunal find that when the MSG sim card was inserted into Dr Shokouh-Amiri's personal phone, that this phone was used as both a work and personal phone.

176. Having considered all the evidence, and particularly the admission document from the police, the Tribunal was satisfied on the balance of probabilities that Dr Shokouh-Amiri did not retain clinical documents for 272 patient's clinical photographs, on his personal phone. The phone was both a work and personal phone and the records were accessed with the explicit consent and approval of the MSG IT department. Therefore, due to the fact that the Tribunal has found that the device was used as both a personal and work mobile phone, the GMC has not proved this allegation.

The Tribunal's Overall Determination on the Facts

177. The Tribunal has determined the facts as follows:

Patient A

1. On one or more occasions between 17 October 2017 - 2 August 2018, whilst working at The Medical Specialist Group ('MSG'), you behaved inappropriately toward Patient A in that you:

    a. rubbed and/or touched Patient A's leg; **Determined and found proved**

    b. hugged Patient A following a consultation; **Admitted and found proved**

    c. touched Patient A's genitalia saying that is what she should be feeling, or words to that effect; **Not proved**

    d. touched Patient A's genitalia and asked "how does that feel?", or words to that effect; **Not proved**

    e. told Patient A she should be trying to have sex, or words to that effect; **Not proved**

    f. said "this is how you should be feeling when you sexually arouse yourself, how your husband should arouse you and if not then you're doing it wrong", or words to that effect; **Not proved**

    g. advised Patient A to use sex toys to orgasm, or words to that effect; **Not proved**

h. advised Patient A to use her fingers to get herself to orgasm, or words to that effect; Not proved

i. said "play with yourself, give yourself a sexual arousement, use toys, it's all about the woman, pleasuring themselves before introducing a man" or words to that effect; Not proved

j. asked Patient A whether she had sexually aroused herself (since the last appointment), or words to that effect; Not proved

k. demonstrated intercourse using the internal probe on Patient A, by moving it back and forth inside her vagina; Not proved

l. said words to the effect of:

i. "if this doesn't hurt then it shouldn't be a problem with your husband"; Not proved

ii. "if you can handle this pain then you should be able to handle having sex"; Not proved

iii. if Patient A didn't reach orgasm by doing what he was doing then she was doing it wrong; Not proved

iv. you were a good person for advice on sex and that you would sort Patient A's sex life out. Not proved

2. On the following dates you performed intimate examinations on Patient A and failed to have a chaperone present:

a. 17 October 2017; Not proved

b. 28 November 2017; Admitted and found proved

c. 19 December 2017; Not proved

d. 24 January 2018; Admitted and found proved

e. 13 March 2018; Admitted and found proved

f. 24 April 2018. Not proved

3. On or around 19 December 2017 you said to Patient A, in reference to her husband's penis,:

a. "it must be too big", or words to that effect; Not proved

b. "he is not doing the right thing", or words to that effect. Not proved

4. On or around 8 February 2018 whilst Patient A was admitted to the Princess Elizabeth Hospital ('the Hospital') you made the following comments to Patient A's husband:

a. "oh did you do this with your big penis again", or words to that effect; Not proved

b. "did you cause this again with your big willy, maybe you might have to take your trousers down so we can have a look at the size", or words to that effect; Not proved

c. "we need to measure the size of your penis to see what damage it is causing", or words to that effect. Not proved

5. Your actions at paragraph 1a-d and k were carried out without Patient A's consent. Found proved in relation to 1a and 1b, found not proved in relation to 1c, d and k

6. Your actions at paragraph 1- 2 were sexually motivated. Not proved

Patient B

7. On 30 May 2018 you performed surgery on Patient B at the Hospital and you failed to check the ureters at the time of the procedure. Not proved

Patient C

8. On 4 September 2018 you performed surgery on Patient C at the Hospital and you removed her ovaries when she did not consent to this. Admitted and found proved

9. On the following dates you undertook intimate examinations on Patient C and you failed to have a chaperone present:

a. 3 July 2017; Admitted and found proved

b. 28 November 2017; Admitted and found proved

c. 23 October 2018. Admitted and found proved

Patient D

10. On 2 November 2018 you conducted an intimate examination on Patient D at MSG and you:

    a. touched Patient D's clitoris; Determined and found proved

    b. wiped Patient D's vaginal area following examination; Admitted and found proved

    c. failed to have a chaperone present; Admitted and found proved

    d. dictated a letter to D's GP stating you had used a speculum which was untrue; Not proved

    e. knew you had not used a speculum in the examination. Not proved

11. Your actions at paragraph 10d were dishonest by reason of paragraph 10e. Not proved

12. On 29 November 2018, you operated on Patient D at the Hospital and inappropriately removed both ovaries:

    a. when she did not consent to this; Admitted and found proved

    b. when there was no clinical indication for their removal. Admitted and found proved

13. On or around 1 December 2018, you examined Patient D at the Hospital for blood loss and you:

    a. touched patient D's vagina; Not proved

    b. touched Patient D's clitoris; Not proved

    c. kept your hand on Patient D's underwear in her genital area while talking to her; Not proved

    d. failed to have a chaperone present; Not proved

    e. said to Patient D "you are a very beautiful girl", or words to that effect. Not proved

14. Your actions at paragraphs 10a-c and 13 were sexually motivated. Not proved

Patient E

15. On 13 November 2018 you had a consultation with Patient E at MSG and you failed to:

    a. arrange investigations for Patient E's heavy irregular periods; Admitted and found proved

    b. arrange treatment for an endometrial polyp; Admitted and found proved

    c. have a chaperone present during an intimate examination; Admitted and found proved

    d. appropriately communicate with Patient E in that you suggested she join you in the gym, or words to that effect. Determined and found proved

Patient F

16. On 21 November 2018, during a consultation at MSG you:

    a. undertook an intimate examination on Patient F and failed to have a chaperone present; Admitted and found proved

    b. hugged Patient F; Not proved

    c. kissed Patient F. Not proved

17. On 4 December 2018, during a consultation at MSG, you behaved inappropriately toward Patient F in that you:

    a. hugged Patient F; Determined and found proved

    b. kissed Patient F; Determined and found proved

    c. asked intimate details about Patient F's sex life; Not proved

    d. said words to the effect of "you need to find someone outside of the family unit that you can go to and you have a sexual relationship with them so it fulfils your needs"; Not proved

    e. discussed masturbation with Patient F. Not proved

18. On 7 December 2018, during a consultation at MSG, you:

a. failed to have a chaperone present during an intimate examination of Patient F; **Admitted and found proved**

b. behaved inappropriately toward Patient F in that you:

i. hugged Patient F; **Determined and found proved**

ii. kissed Patient F; **Determined and found proved**

iii. discussed masturbation with Patient F; **Not proved**

iv. asked intimate details about Patient F's sex life; **Not proved**

v. said words to the effect of:

1. "are you feeling in the mood now?"; **Not proved**

2. "are you feeling horny now?"; **Not proved**

3."is this conversation making you horny?"; **Not proved**

4. "oh I can see it in your face, you are, you're getting horny"; **Not proved**

5.Patient F should go on the internet on a dating website where no one knows her so Patient F can have sexual conversations with them; **Not proved**

6."you need to find somebody that you can trust that can do things to you to make you feel good. It's up to you whether or not you want to do anything back to them, that's completely up to you, but you need to find somebody that can do all these acts to you"; **Not proved**

7."it's important that you don't share this conversation with anybody because it's private and it's important that you keep all of this information personal so that you can kind of grow as a person and grow in confidence and if you start telling other people they won't understand all of that". **Not proved**

vi. on one or more occasion used your finger/s to stimulate Patient F's clitoris; Not proved

vii. moved your finger/s around the outside of Patient F's vagina; Not proved

viii. moved your finger/s around Patient F's rectum; Not proved

ix. during your actions as set out at paragraph 18bvi-viii above, you said words to the effect of:

1. "see, that feels good doesn't it?"; Not proved

2. "I can see that you're reacting to that, that that feels good"; Not proved

3. "did you enjoy that?"; Not proved

4. "I bet you wanted me to carry on". Not proved

c. circled 'yes' on a stamp in Patient F's medical records next to 'chaperone offered', which was untrue; Not proved

d. circled 'yes' on a stamp in Patient F's medical records next to 'chaperone declined', which was untrue; Not proved

e. you knew:

i. you had not offered Patient F a chaperone; Not proved

ii. Patient F had not declined a chaperone. Not proved

19. Your actions at paragraphs 16b and c, 17a and b, 18bi and ii and 18bvi-viii were carried out without Patient F's consent. Not proved

20. Your actions at paragraphs 16-18b were sexually motivated. Not proved

21. Your actions at paragraph 18c-d were dishonest by reason of paragraph 18e. Not proved

Data protection

22. Between 1 September 2016 and 25 January 2019 you retained on your personal mobile telephone:

a. clinical documents for 272 patients; Not proved

b. clinical photographs of:

i. Patient G; Not proved

ii. Patient H. Not proved

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

Determination on Impairment - 14/02/2025

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

The Evidence

2. The Tribunal has taken into account all the evidence received during the facts stage of the hearing. It also received a Stage 2 defence bundle which included Dr Shokouh-Amiri's appraisal documents; and Continuous Professional Development ('CPD'), various.

Submissions on behalf of the GMC

3. On behalf of the GMC, Mr Rose outlined the staged approach to misconduct and impairment and reminded the Tribunal of the overarching objective of the GMC as set out in section 1(1A) and 1(1B) of the Medical Act 1983 (as amended).

4. Mr Rose reminded the Tribunal of the meaning of *'serious misconduct'.* He referred the Tribunal to the cases of *Roylance v. General Medical Council (No. 2)* [2000] 1 AC 311, *Calhaem v GMC [2007] EWHC 2606 (Admin), Mallon v GMC* [2007] Scots CS SIH_17, *Nandi v. General Medical Council* [2004] EWHC 2317 (Admin), *Remedy v GMC* [2010] EWHC 1245 (Admin), and *Aga v GMC* [2012] EWHC 782 (Admin). R (on the application of Cohen) v. GMC [2008] EWHC 581. He submitted that the doctor's actions fall within these definitions of serious misconduct.

Patient A

5. Mr Rose submitted that the hugging and touching/or rubbing of the leg have been found to have been done without Patient A's consent and as such amounts to misconduct which is serious.

6. With regard to the touching/rubbing of the leg, he referred to the Tribunal to the opinion of Mr I, which said that it was seriously below the accepted standard.

7. Mr Rose submitted that the touching of Patient A's leg goes way beyond what was necessary for reassurance.

8. Mr Rose submitted that the hug has been admitted by Dr Shokouh-Amiri. He said that Mr I's expert opinion states that it could be acceptable if it had been given for reassurance but reminded the Tribunal that its finding was that the hug to Patient A was non-consensual. He suggested the Tribunal should adopt a 'common sense approach' in deciding whether the rubbing and/or touching of the leg and the hug amount to misconduct. Both the hug and the rub/touch on the leg were given without consent. Mr Rose submitted that the blurring of boundaries will have left the patient wondering what the intention was. Although the Tribunal have found these actions were not sexually motivated, they nevertheless clearly left Patient A feeling troubled.

9. A male doctor hugging and touching a patient on the leg unnecessarily without consent entirely overstepped the mark and was therefore seriously below the standard expected.

10. With regards to the use of chaperones, Mr Rose submitted the Doctor goes a little further to say that he was encouraged not to have chaperones. However, Dr Shokouh-Amiri was not a junior doctor, or a locum doctor who was vulnerable because of his temporary or locum status. Dr Shokouh-Amiri was a partner at MSG. He was a clinical lead of some seniority. If he had concerns about adherence to the appropriate guidelines, he should have raised this. Mr Rose submitted that Dr Shokouh-Amiri was in clear breach of Royal College of Obstetricians and Gynaecologists chaperone guidelines, and it is conduct that falls seriously below expected standard.

Patient C

11. Mr Rose submitted that Dr Shokouh-Amiri accepted it was a failing in respect of the removal of Patient C's ovaries against her express wishes. Patient C had emailed Dr Shokouh-Amiri's PA the day before the operation expressing her desire to keep her ovaries. This fell

seriously below the expected standard. There is no evidence that Patient C's ovaries could not have been preserved. Whilst Dr Shokouh-Amiri's position is that the removal of the ovaries was in Patient C's best interests he admits removing them without express consent.

12. With regards to chaperones the submissions made at paragraph 10 above were applicable for Patient C too.

Patient D

13. Mr Rose referred the Tribunal to the evidence of Patient D about the effect the removal of her ovaries had on her. He also said that it is a significant failing because it invariably triggers the immediate onset of the menopause.

14. He submitted that Patient D had communicated that she would like her ovaries preserved and Dr Shokouh-Amiri went against that express instruction.

15. He submitted that the removal of Patients D ovaries in error amounted to serious misconduct.

16. With regards to chaperones the submissions made at paragraph 10 above were applicable for Patient D too.

17. With regards to the touching of Patient D's clitoris, Mr Rose submitted that this was not misconduct, given the Tribunal's finding was that it was an inadvertent touch, in the context of the clinically examination and not sexually motivated.

18. With regards to the wiping of the vaginal area, the Tribunal has found that this was acceptable in the context of the clinical examination. Mr Rose submitted that this was not misconduct, given the Tribunal's finding.

Patient E

19. He submitted that there would be clinical concerns given the symptoms that she presented with, they were symptoms that needed further investigation. Dr Shokouh-Amiri failed to action such investigations.

20. He submitted that Dr Shokouh-Amiri offers no real evidence as to how he made that error.

21. With regards to Patient E, Mr I has a clear opinion that failing to arrange investigations and treatment, fell seriously below the expected standard.

22. With regards to inviting Patient E to the gym, he submitted that this crosses the patient/doctor boundaries. He submitted that there is express evidence that Dr Shokouh-Amiri does not have insight because he is in denial that he made such an invitation.

23. With regards to chaperones the submissions made at paragraph 10 above were applicable for Patient E too.

Patient F

24. With regards to chaperones the submissions made at paragraph 10 above were applicable for Patient F too.

25. In terms of the hugging and kissing he submitted that there is no finding here that this was non-consensual in relation to the first allegation but was done without consent in relation to the further two allegations. He said that Mr I's view that it is below, but not seriously below the expected standard.

General submissions

26. Mr Rose submitted that a finding of impairment is appropriate in this case. He said the GMC recognises it has been six years since the events and that the Tribunal have several positive testimonials about Dr Shokouh-Amiri and there have been no concerns about his work since he left Guernsey.

27. However, the Tribunal has not had specific evidence of insight or remediation. There is an insufficient basis to say that Dr Shokouh-Amiri has fully remediated or that he has gained sufficient insight into what happened. Therefore, the Tribunal cannot be assured that without restriction, there will not be a risk of repetition.

28. In relation to Patient C there is lack of insight as to how he came to be taking such a significant step as to remove her ovaries without her consent. In his own evidence he says he did not do a lot wrong.

29. In relation to Patient D he removal of her ovaries was a fundamental error and there was no clinical reason and no consent to remove Patient D's ovaries. Dr Shokouh-Amiri was extremely apologetic. However, Dr Shokouh-Amiri has not explained in a way that

demonstrates how he fell into this mindset to make this mistake and how he can avoid it in the future. If Dr Shokouh-Amiri went into autopilot, then this is worrying.

30. He submitted that the explanation does not go anywhere near to demonstrating how he was in that position, how he did that, how he fell into that mindset and how he can avoid doing that in the future, even six years down the line.

31. He submitted that the failings that are identified, are applicable throughout Dr Shokouh-Amiri's surgical practice.

32. In terms of the chaperone issues, the Tribunal has heard that MSG discouraged the use of chaperones. Why did Dr Shokouh-Amiri act on his concerns, given his senior position. How would he deal with a similar situation now, if Dr Shokouh-Amiri ends up in a hospital where there's a policy or a practice that he knows is in breach of the relevant guidelines, and how would he stand up and deal with that issue.

33. It is not enough just to say, well, it happened six years ago. Given the lack of evidence specifically addressing the issues, it demonstrates that he does not yet have insight and going hand in hand, he is not remediating.

34. He submitted that there is a risk of him repeating this, if he is in unrestricted practice and that is particularly certain where the errors are sloppy and careless and easily avoided.

35. There is evidence about the pressures that Dr Shokouh-Amiri was under at the time of the errors and that these difficult cases followed one after the other. But that is something all doctors, all professions, must deal with. So how will Dr Shokouh-Amiri make sure he does not make these errors next time he is under pressure.

Submissions on behalf of Dr Shokouh-Amiri

36. Mr Rich says that Dr Shokouh-Amiri accepts the Tribunal's findings in full and his intention is to move on from these findings and to persuade the Tribunal that he is a safe and effective Doctor who is no longer impaired.

37. There are four groups of allegations that have been found proved, over familiarity with patients, surgical issues, clinical errors and chaperones.

38. Mr Rich referred the Tribunal to the case of: Ahmedsowida v General Medical Council [2021] EWHC 3466 (Admin).

39. He submitted that in line with this case, the Tribunal should not add up individual misconduct and make it serious misconduct. Cumulation of misconduct would have to be how the case was put, in order to do this, and this matter was not put before the Tribunal in that way.

Patient A

40. First of all, the leg touch or leg rub, it is certainly without consent, as the Tribunal found and that makes it inappropriate.

41. He submitted that it is apparent from what Patient A said that she probably would have consented to or did not object to it.

42. He submitted that it is a situation where there was not really opportunity to consent. However, it is without consent, and it is inappropriate. He submitted that the lack of consent can be absolutely the most serious thing, or it can be something where it is difficult to achieve consent because it is a spontaneous act, but it is agreed that it should not have happened.

43. The expert does say the touching Patient A's leg was seriously below the expected standards, however Mr I says this in the context of, "…touching her leg and making inappropriate comments…". There are no inappropriate comments alleged in relation to touching Patient A's leg. The touch happened in the context of Dr Shokouh-Amiri asking Patient A to put in a good word for him.

44. He submitted that it was a fleeting contact and does not cross the threshold and is not of sufficient seriousness for the Tribunal to make a finding of misconduct.

45. With regards to the hug of Patient A, the same matters apply as for the touch of the leg and again this does not cross the threshold and is not of sufficient seriousness for the Tribunal to make a finding of misconduct.

Patient E

46. With regards to the gym invitation, that does cross the threshold and is of sufficient seriousness for the Tribunal to make a finding of misconduct.

47. He submitted that Dr Shokouh-Amiri understands those boundaries and accepts those boundaries now, albeit he's not in position to specifically talk to you about the gym invitation because he does not remember this.

Patients A and F, over familiarity

48. The hugs and kisses on the cheek with Patients A and F, Dr Shokouh-Amiri agrees that it is not acceptable. However, it does not quite cross the boundary for misconduct, notwithstanding it is inappropriate.

Patients C and D, surgical issues

49. These are two very different events. The consent event with Patient C, is something that must be put in its context. Dr Shokouh-Amiri accepts that doing a significant surgical procedure without consent is on the face of it, a very serious issue. However, there is a certain context. First, the patient did consent originally for the removal of her ovaries. She was then spoken to again on the day of surgery but clearly had not been communicated with effectively enough to understand that during the surgical operation, it might emerge that the ovaries could not realistically be saved and would need to be removed.

50. Dr Shokouh-Amiri accepted that what he should have done, if he did not have consent, was to stop the operation, close the patient up and reconsent the patient. But it was a clinically necessary procedure so it likely would have happened one way or the other.

51. Dr Shokouh-Amiri accepts that the consent for the removal was not adequate, particularly because the patient had specifically changed her mind. But the mistake in this case was not removing the ovaries. The mistake was not having consented Patient C again and sufficiently explained the procedure on the morning of the operation. This single clinical incident does not cross the threshold and is not of sufficient seriousness for the Tribunal to make a finding of misconduct.

52. With regard to Patient D, he submitted that it was simply a terrible surgical mistake and Dr Shokouh-Amiri accepts this is the case. This matter crosses the boundary of misconduct.

Patients D and E, clinical issues

53. With regards to the inadvertent touching of Patient D's clitoris and the wiping down of her vagina, the touching should not happen, but it is recognised that it does occasionally happen. It is not misconduct and the GMC accepts this.

54. The wiping down is in fact a perfectly acceptable thing to do, and Dr Shokouh-Amiri

said he would continue to do that. It is done for the dignity of the patient. Again, this is not misconduct.

55. He submitted that at the time of failing to arrange treatment for Patient E, Dr Shokouh-Amiri was under a lot of pressure. However, it is obviously serious because the patient needed the treatment. The expert Mr I says it was seriously below the expected standard.

56. This can be misconduct but it is borderline as to whether it is misconduct.

Patients A, C, D and F, chaperones

57. With regards to chaperones, one failure to have a chaperone, contrary to the guidelines, is sufficient for misconduct.

Impairment and remediation

58. With regards to impairment having regard to public safety and the risk of repetition.

59. The risk of repetition in relation to over familiarity by Dr Shokouh-Amiri is extremely low even though some of the allegations were denied.

60. He submitted that this has been a traumatic experience for Dr Shokouh-Amiri. He has stood accused of some of the most serious things a doctor could do to a patient for a period of six years. In his statement he says he should have been more insistent about having chaperones.

61. Dr Shokouh-Amiri accepts that even hugging a patient, if they are upset, is not appropriate and he would not do it now. He has been through a lengthy police inquiry and a criminal trial. He also had a hospital inquiry before leaving Guernsey and now has had the GMC inquiry. There are no complaints about the fact these inquiries happened, but they've had a very strong effect on Dr Shokouh-Amiri.

62. He submitted that Dr Shokouh-Amiri has completed a professional boundaries course, he said these boundary issues were not at the extremity. The boundaries course will help Dr Shokouh-Amiri with things like whether or not it's OK to put your hand on a patient's hand, whether or not it's OK for you to hug a patient.

63. He submitted that it was clear in his evidence that he has acknowledged that he should not have been hugging the patients. He submitted that the hugs are not extreme

behaviour but the Tribunal should not be concerned that it is likely to be repeated. Dr Shokouh-Amiri in his evidence at this stage gave an example of where he refused a hug from a patient.

64. With regard to chaperones, Dr Shokouh-Amiri confirms that if he does not have a chaperone, then the examination does not go ahead so in that practical sense, there is no risk of examinations without chaperones occurring again.

65. He submitted that Dr Shokouh-Amiri understands boundaries and is not going to hug or kiss a patient again, and he is not going to invite a patient to the gym.

66. He submitted that from Dr Shokouh-Amiri's appraisals you can see he does have insight on over familiarity as a whole and that the risk of repetition is very low.

67. With regards to surgical matters he submitted that he made an awful mistake with regards to Patient D. It was an honest mistake made in the moment. Dr Shokouh-Amiri has described his new stop check system. He has put in place a system to double check what the required surgery is before he starts it. He has implemented an enhanced protocol in addition to the established World Health Organization safety checklist. He submitted that Dr Shokouh-Amiri has also trained other people in that approach. He submitted that the risk of repetition is low.

68. With regards to the clinical category, the touch and wiping down of Patient D, he submitted that the touch was inadvertent and that the wiping down is something that is seen as acceptable.

69. As to the failing to initiate investigations/treatment for Patient E, he submitted that it is a single omission. He was under huge pressure due to the investigation at the time, which is not said to excuse what he did, but he is less likely to do it again.

70. Mr Rich referred the Tribunal to the numerous positive testimonials. He also referred to chaperone logs, and the enhanced stock check system Dr Shokouh-Amiri has for consent within the bundle. He submitted that Dr Shokouh-Amiri has taken steps to ensure that things are properly monitored. He submitted that if you take all those things together there is a very low risk of repetition.

71. He submitted that there is a very considerable body of evidence to reassure the Tribunal about the level of insight Dr Shokouh-Amiri has and the way that he has changed his practice. His remediation is extensive and thoughtful and thought through and covers all the key issues that, the Tribunal have rightly identified.

72. He submitted that a fair-minded member of the public would see that he has made some mistakes, some serious mistakes, particularly surgical mistakes. But a fair-minded member of the public would also see that Dr Shokouh-Amiri has done pretty much anything that could have been expected of him to put these things right while fighting a very serious case.

73. It is important that these matters occurred 6 years ago and it can be seen from the testimonials that Dr Shokouh-Amiri is a compassionate and caring doctor and has been open and honest about all of the allegations he was facing, with his colleagues.

74. He submitted that he has made errors, he has reflected on and accepted most of those errors and implicitly accepted the wrongness of the ones that he didn't even accept. He submitted that the right result will be a finding or no impairment.

75. In response to the Tribunal's request for clarification Mr Rich called Dr Shokouh-Amiri to give evidence:

76. Dr Shokouh-Amiri gave evidence in relation to this stage of the hearing. Dr Shokouh-Amiri explained that he had done a three-day virtual professional boundaries course with a 2-day pre-coursework requirement. This course covered the issues raised such as physical contact with the patient and familiarity. He explained the learning he had taken away from this. Following attendance on the course, Dr Shokouh-Amiri confirmed he had made a personal development plan. It gave him a deeper understanding that whilst his previous physical contact with patients had been to offer emotional support it was not appropriate.

77. Dr Shokouh-Amiri was able to give an example where a patient had tried to hug him, and he did not accede to this saying *'we are not allowed and thank you for your kindness*'. Dr Shokouh-Amiri explained he had also read about the matter and discussed approaches with colleagues. It has helped that he has been open and transparent with colleagues about the matters under investigation. Dr Shokouh-Amiri went on to explain he has monitored patient feedback surveys to ensure that him refraining from inappropriate contact with patients is not adversely affecting their perception of him. He wanted to understand whether they still found him to be kind and approachable.

78. Dr Shokouh-Amiri stated that he would not invite any patients to the gym. He has learnt that this is not appropriate and accepts it was a breach of professional boundary.

79. Dr Shokouh-Amiri went on to respond to questions about his use of a chaperone. He confirms that he has always worked with a chaperone present for the past 6 years. This is in line with his interim order conditions. It is evidenced by a chaperone log that he keeps. He confirmed that he would not work without a chaperone now and understands that this is to protect not only patients but the doctors too. He would reschedule an appointment if a chaperone was not available. He would discuss the matter of chaperones with management if there was a policy change to mean chaperones were no longer required or routinely available.

80. In response to questions about his approach to consent, Dr Shokouh-Amiri confirmed he has attended events about consent run by the GMC. He has made changes to his clinic letters which now reflect discussions in more detail. He gave an example of what such a letter includes. He now always attends to a patient pre-operatively on the day of surgery and asks if they still consent to the procedure. If Dr Shokouh-Amiri feels a patient is not confident about their decision, he will reschedule surgery to allow for further time for them to think about it.

81. In response to questions about issues relating to surgical errors, approach to surgery, Dr Shokouh-Amiri explained that he has changed his approach to surgery. He talked through his enhanced Stop-Check procedure in detail and noted that he involves other members of the team in this to avoid occurrence of similar error.

82. In response to questions about how he now ensures investigations and treatments are ordered appropriately and promptly. Dr Shokouh-Amiri explained he uses the chaperone log and a series of checklists, prompts, reminders and alerts to ensure he logs and monitors what needs to be actioned for each patient. He involves other members of his team to ensure no patient 'falls through the net'.

83. Dr Shokouh-Amiri was asked about the numbers of operations he has done and his complication and complaint rate. He has done at least 44 hysterectomies since 2019 and has had no complaints or complications during this period. He confirmed that he closely monitors his own surgical performance against national benchmark.

84. Dr Shokouh-Amiri was asked about how he manages stressful situations. He explained he has disclosed the full investigation to his employer and colleagues and has put robust systems in place to ensure further errors do not occur. He would not work if he did not feel well enough to do so and adopts strategies such has running, listening to music and partaking

in sports to help manage his stress levels. He also now seeks support from his colleagues about any stressful situations.

85. Dr Shokouh-Amiri was cross-examined by Mr Rose. In response to questions about the use of chaperones, he confirmed that he would not work without a chaperone even if there was a change to the Trust policy that made this difficult. He was prepared to face disciplinary action for this but would also raise the matter with the governance team, enter it onto the Trust risk register and raise with the chief medical officer if required.

86. In response to Tribunal questions, Dr Shokouh-Amiri confirmed that he had done a reflective piece which was attached to one of his appraisals.

The Relevant Legal Principles

87. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof, and the decision of impairment is a matter for its judgement alone. The Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious, and then whether the finding of that misconduct which was serious, could lead to a finding of impairment.

88. The Tribunal had reminded itself that it must determine whether Dr Shokouh-Amiri's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

89. 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 adopted in the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin* with regard to commonly occurring features that are likely to be present when impairment is found:

> *''a. Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> *b. Has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
>
> *c. Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future.''

90. The Tribunal further reminded itself of the statutory overarching objective which is 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 the profession.

91. The Tribunal had regard to paragraph 1, 2, 7, 11, 15, 32 and 65 of GMP, which states:

1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.

2 Good doctors work in partnership with patients and respect their rights to privacy and dignity. They treat each patient as an individual. They do their best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their illness or disability.

7 You must be competent in all aspects of your work, including management, research and teaching.

11 You must be familiar with guidelines and developments that affect your work.

15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:

a adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient.

b promptly provide or arrange suitable advice, investigations or treatment where necessary.

32 You must give patients the information they want or need to know in a way they can understand. You should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.

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

The Tribunal's Determination on Impairment

Misconduct

92. In determining whether Dr Shokouh-Amiri's fitness to practise is impaired by reason of misconduct, the Tribunal reminded itself of its findings at Stage 1. It also had regard to the submissions of Mr Rose and Mr Rich.

Patient A

93. In relation to paragraph 1a of the Allegation, which alleged Dr Shokouh-Amiri rubbed and/or touched Patient A's leg, the Tribunal reminded itself that Dr Shokouh-Amiri admitted this allegation, but it had not found that there was any sexual motivation on the part of Dr Shokouh-Amiri.

94. It determined that as it was a brief touch and a spontaneous act in the context of a conversation, in which Dr Shokouh-Amiri was asking the patient to put in a good word for him. The Tribunal found that although inappropriate, it was not so serious as to amount to misconduct.

95. In relation to paragraph 1b of the Allegation, which alleged Dr Shokouh-Amiri hugged Patient A, it noted that Dr Shokouh-Amiri admitted this allegation, but it had not found that there was any sexual motivation on the part of Dr Shokouh-Amiri.

96. The Tribunal considered the expert opinion of Mr I who regarded a hug to a patient as below but not seriously below the threshold. It was a brief hug and a spontaneous act for which it would not be natural to seek consent for. The Tribunal found that although inappropriate, it was not so serious as to amount to misconduct.

97. In relation to paragraph 2 b,d,e of the Allegation which alleged Dr Shokouh-Amiri failed to offer Patient A a chaperone. Whilst the Tribunal accepted there were problems with the provision of chaperones at MSG and they were not routinely provided at every appointment, Dr Shokouh-Amiri was an experienced consultant, a partner in MSG and in a senior position. He was therefore in a position to challenge the working practices at MSG and to ensure he was working within RCOG guidelines. It noted that Dr Shokouh-Amiri also knew the guidelines of Royal College of Gynaecological (RCOG) regarding chaperones but still failed to insist on one, thus breaching the guidelines. Mr Rich accepted that it was misconduct.

98. The Tribunal determined that failure to have a chaperone present on each occasion

was seriously below the standard expected and amounted to misconduct which was serious.

Patient C

99. In relation to paragraph 8 of the Allegation which alleged Dr Shokouh-Amiri performed surgery on Patient C at the Hospital and removed her ovaries when she did not consent to this.

100. The Tribunal considered the expert opinion of Mr I who is clear that the lack of consent renders this seriously below the expected standard:

> *'In the case of the overall standard it was seriously below that expected of a reasonably Consultant in Obstetrics and Gynecology as the ovaries were removed at the time of the hysterectomy and against express wishes. The oophorectomy was performed without her informed consent.'*

101. It noted that there are clear GMC guidelines on consent which Dr Shokouh-Amiri would have been aware of at the time and has breached. Whilst there were clear difficulties with the consent of this patient, the Tribunal noted it was Dr Shokouh-Amiri's overall responsibility to ensure he had the patient's informed and recorded consent prior to the operation.

102. The Tribunal noted the removal of the ovaries would have a significant impact on the patient causing early menopause. It noted the admission of Dr Shokouh-Amiri '*I accept my communication with Patient C was poor and fell below my usual standard*.'

103. It was agreed between parties it was a surgical error, and Tribunal concluded these factors amounted to misconduct that was serious.

104. In relation to paragraph 9 of the Allegation which alleged Dr Shokouh-Amiri failed to offer Patient C chaperone. As for the same reason set out above the Tribunal found this amounted to misconduct that was serious.

Patient D

105. In relation to paragraph 10a of the Allegation which alleged Dr Shokouh-Amiri touched Patient D's clitoris; The Tribunal accepted the expert opinion of Mr I that a touch of the clitoris might happen inadvertently during the course of an intimate examination and was not below the standard expected. Therefore, this did not amount to misconduct.

106. In relation to paragraph 10b which alleged Dr Shokouh-Amiri wiped Patient D's vaginal area following examination. The Tribunal noted the evidence of Mr I.

> *'On occasion a gynaecologist may use a wipe to remove any blood or jelly from the perineum or upper legs at the end of the examination for hygiene reasons. This would*

be a transient wiping if there was excess blood or jelly, which would in itself not be inappropriate.'

107. The Tribunal accepted the expert opinion of Mr I that wiping a patient's vaginal area down following an examination was acceptable. Therefore, this did not amount to misconduct.

108. It noted that there are clear GMC guidelines on consent which Dr Shokouh-Amiri would have been aware at the time and has breached by removal of Patient D's ovaries without consent. Dr Shokouh-Amiri had overall responsibly to ensure he undertook the surgery in the correct manner without making such a serious surgical error, where there was no indication that the ovaries required removal.

109. The Tribunal noted the removal of the ovaries did have a significant impact on the patient, causing early menopause. Dr Shokouh-Amiri accepted his error and immediately apologised to the patient.

'The removal of both ovaries for no clinical indication (and later recognised as having been performed in error) plunged Patient directly into the menopause when she had not given her consent and there was no ovarian pathology.

'The overall standard for the clinical reasons given (gynaecological management) were seriously below the expected standard given the inadvertent loss of both ovaries in a [XXX] *with no ovarian pathology and without her consent.'*

110. The Tribunal accepted the opinion of Mr I and did find that this matter fell well below the standard expected and amounted to misconduct that was serious.

111. In relation to paragraph 13d of the Allegation, which alleged Dr Shokouh-Amiri failed to offer Patient D chaperone. As for the same reason set out above the Tribunal found this did amount to misconduct that was serious.

Patient E

112. In relation to paragraph 15a of the Allegation which alleged Dr Shokouh-Amiri failed to arrange investigations for Patient E's heavy irregular periods. The Tribunal considered Mr I's opinion

'Failure to investigate and treat the perimenopausal symptoms and signs meant that endometrial pathology had not been excluded, and significant pathology potentially missed….'

113. It accepted his expert opinion and accepted this was misconduct. The Tribunal noted that the patient's investigations were arranged later, and the patient was not harmed but Dr Shokouh-Amiri failure to arrange investigations could potentially have led to complications for the patient.

114. The Tribunal concluded these factors meant that it amounted to misconduct that was serious.

115. In relation to paragraph 15b of the Allegation which alleged Dr Shokouh-Amiri failed to arrange treatment for an endometrial polyp. The Tribunal noted and accepted the evidence of Mr I.

> *'The overall standard for the clinical reasons given (gynaecological management) were seriously below the expected standard. There were failures to investigate the menstrual problems, failures to treat the endometrial polyp seen on scanning'*

116. The Tribunal concluded that due to the factors set out above, that it amounted to misconduct that was serious.

117. In relation to paragraph 15c of the Allegation, which alleged Dr Shokouh-Amiri failed to offer Patient E chaperone. As for the reason set out above the Tribunal found this did amount to misconduct that was serious.

118. In relation to paragraph 15d of the Allegation which alleged Dr Shokouh-Amiri inappropriately communicated with Patient E in that he suggested she join him in the gym. Dr Shokouh-Amiri denies this allegation. However, the Tribunal after considering all evidence found this paragraph proved and concluded this was a serious crossing of boundaries of patient/doctor relationship. This did amount to misconduct that was serious.

Patient F

119. In relation to paragraph 17a of the Allegation, which alleged Dr Shokouh-Amiri failed to offer Patient F chaperone. As for the same reason set out above the Tribunal found this did amount to misconduct which was serious.

120. In relation to paragraph 17 b, 17c, 18 b(1)&(ii) of the Allegation, which alleged Dr Shokouh-Amiri kissed and hugged Patient E. As for the same reason set out above the Tribunal found this inappropriate but did not amount to misconduct.

Impairment

121. Having found that some of the facts admitted amounted to misconduct which was serious, the Tribunal went on to consider whether, as a result of this, Dr Shokouh-Amiri's fitness to practise is currently impaired by reason of his misconduct.

122. In determining whether a finding of current impairment of fitness to practise is necessary, the Tribunal looked for evidence of insight, remediation and the likelihood of repetition, bearing in mind the three elements of the overarching statutory objective. It considered that insight and remediation are important in order for a doctor to recognise areas of their practice and behaviour that require improvement, and to take appropriate and relevant steps to address them, thus reducing the likelihood of repetition.

Chaperones

123. The Tribunal noted that Dr Shokouh-Amiri now maintains chaperone logs by verifying the use of a chaperone for every appointment since 2019 in line with interim order conditions. In oral evidence he was able to clearly explain the actions he would take if no chaperone was available or there was a change to Trust policy affecting chaperone availability. It noted he would not work without a chaperone even if it meant facing disciplinary action. He explained he would rearrange appointments if a chaperone was not available on any given day. If the matter was due to a change in Trust policy, he would escalate matters to the clinical lead and then senior managers.

124. Dr Shokouh-Amiri has been open and upfront with his employers about the GMC investigation. His appraisals show that use of a chaperone has been discussed. It also noted he also has discussed all the complaints and how he handles stresses appropriately. He will take steps such as refraining from surgery to avoid repetition if he considers himself not able to perform properly at the relevant time.

125. The Tribunal has noted the positive testimonials from colleagues. The Tribunal considered public safety and determined that the risk of repetition was low. Dr Shokouh-Amiri has been working for six years since the date of the allegations, without any similar complaints occurring.

Patient D

126. It noted that Dr Shokouh-Amiri has made changes to his practice to try and prevent this type of surgical error happening again. Dr Shokouh-Amiri has shown insight into the impact of this event on the patient, the wider profession and himself. It also noted that he has showed a willingness to take responsibility as he immediately apologised for his error and cooperated fully in the internal review.

127. Dr Shokouh-Amiri has worked for 6 years since this event since the event. He continues to do laparoscopic hysterectomies with a minimal complication rate.

128. It noted that Dr Shokouh-Amiri has implemented a new enhanced STOP check process

as evidenced in his appraisal. He involves other members of the team in this as an extra safety net.

Patient E

129. The Tribunal noted that Dr Shokouh-Amiri explained that he had made these errors due to stress he was under following a complaint. In oral evidence he was able to describe coping mechanisms for managing stress including participation in sports and listening to music XXX. He now has in place a professional network of support to avoid repetition of errors. He has created lists and reminders, and he now links his plans for ongoing review to his PA and others so he gets alerts and can follow up as needed appropriately. If Dr Shokouh-Amiri was not well, he would phone in and reschedule surgeries or clinics.

130. Dr Shokouh-Amiri has completed a 3-day virtual professional boundaries course with 2 days pre-course work. He no longer hugs patients and understands the importance of maintaining boundaries with patients. There have been no further complaints of a similar nature. He gave an example of refusing a hug from a patient.

131. The Tribunal took into account the positive testimonials:

> *From the first time I worked with him he was very patient, helpful and knowledgeable in his role. I have found him very supportive to staff, be helped me to understand the role and also assisted me with the relevant equipment needed for the different procedures of which I needed support with. Whenever we commence a consultation Mr Shokouh-Amiri confirms the patient details and introduces both of us in the room to the patient, if a patient is anxious be bas a very calming effect on them with how he explains the process, he will happily take time to explain to the patients the reasons why he needs to do certain diagnostic procedures and ask them if they are happy to go ahead with the procedure, he also gives them the option to think about it before proceeding, if he gets their authority to proceed be always ensures they are comfortable during the process, explaining step by step what he is doing and why, he is always led by the patients comfort zone, and will not proceed if the patient has any concerns. During any procedure he respects my decision, if I notice a patient is not able to continue due to pain or discomfort, he will stop immediately. In my experience working with him I feel he is very professional and capable in his role, he has a very strong sense of responsibility to his patients, and he is also very committed to getting a positive outcome for the patient. He is supportive with helping me to understand the procedures and thinking behind the diagnostics he uses. He is very honest with the patients and should he feel the patient may need further investigation or treatment, he will discuss and advise this during the consultation, he will be very clear to the patient about his thought process behind it..*

....

'In my pastoral role, I have referred numerous members of our congregation, particularly women, to Mr Shokouh-Amiri for medical advice and assistance. I have never received a single complaint from any individual I've directed to him; instead, I have consistently heard praises for his empathy, attentiveness, and professional excellence. Furthermore, Mr Shokouh-Amiri has been a steadfast advocate for refugees within our community, providing compassionate care to those unable to afford it—an act of kindness that speaks to his deep commitment to serving others. Personally, Mr Shokouh-Amiri has also supported me in matters related to my own family's health. I trust him implicitly, not only for his clinical expertise but for his absolute commitment to confidentiality and integrity. He has always handled the sensitive information entrusted to him with the utmost respect, preserving the privacy of every patient, including those I have referred to him from our church community. His reliability in safeguarding trust and his respect for ethical boundaries have only strengthened my confidence in him as a practitioner and as a person. Mr Shokouh-Amiri's positive influence extends beyond the clinic. He is a respected and beloved figure within the Iranian community, admired for his compassionate nature, steadfast principles, and professional reputation. His participation in our Christian summer conferences and continuous support of our community demonstrate his commitment to service and his dedication to the values of kindness, integrity, and faith.

.....

"I have worked with him closely in different clinical areas including theatres, labour / gynaecology / antenatal and postnatal wards and in clinics and have had ample opportunity to be able to comment on his professional, ethical and moral attributes. I have seen him interact with patients, colleagues, and other healthcare staff. I have found his behaviour to be professional and always abiding by the ethical and legal standards as laid out by the GMC. His interaction with patients is always thorough, maintaining patient confidentiality, dignity, respect, trust and never breaching professional boundaries."

Overall

132. The Tribunal considered that Dr Shokouh-Amiri has shown good insight into his failures which has developed over the last six years and that he has put in place procedures and actions to address his failings and to ensure they do not happen again.

133. The Tribunal considered that Dr Shokouh-Amiri's actions were clearly capable of remediation and noted that he has completed targeted CPD, including a course on professional boundaries, which was relevant in respect of the matters which arose as part of this case.

134. It noted again the extensive testimonial evidence in addition to that quoted above which demonstrated his excellence as a clinician. It observed that the matters before this Tribunal stemmed from an otherwise unblemished career. It noted the passage of time since these events, and that there has been no repetition of the misconduct.

135. The Tribunal was therefore satisfied that through his CPD, reflections, various statements, early admissions, and based on the evidence he has provided to this Tribunal, Dr Shokouh-Amiri has gained insight into his actions and taken steps to address his misconduct.

136. The Tribunal was also satisfied that Dr Shokouh-Amiri has taken extensive remedial steps to address his misconduct. This, together with the evidence of his previous unblemished career and powerful testimonials from those who have worked closely with him and has been treated by him satisfied the Tribunal that the risk of repetition was low. The Tribunal was satisfied that, given its finding and the evidence of insight, remorse and remediation demonstrated, there was a low risk of Dr Shokouh-Amiri putting patients at risk of unwarranted harm or repeating his behaviour.

137. The Tribunal carefully considered and balanced the three elements of the statutory overarching objective.

138. The Tribunal was satisfied that, given its findings and the insight and remediation demonstrated, there was a low risk of Dr Shokouh-Amiri putting patients at a risk of unwarranted harm.

139. The Tribunal had regard to whether a finding of impairment was necessary on public interest and patient safety grounds in order to uphold proper professional standards. It reminded itself of the finding it had made in relation to misconduct and the fact that these issues had been the subject of regulatory proceedings. The Tribunal considered this finding of misconduct, and these proceedings are sufficient to highlight to the wider profession that Dr Shokouh-Amiri's conduct was unacceptable.

140. The Tribunal also noted its finding that Dr Shokouh-Amiri's misconduct was serious and had the potential to affect the public's confidence in the profession. However, the

Tribunal reminded itself of the significant level of insight, remorse and remediation demonstrated by Dr Shokouh-Amiri and his acceptance of responsibility from the outset of the regulatory process and admissions at this hearing. He fully engaged and participated with the GMC procedures since the start. It noted again that these factors indicated to the Tribunal that there was a low risk of repetition. It concluded that a fully informed member of the public, made aware of these factors would be sufficiently satisfied and reassured that Dr Shokouh-Amiri's responses were appropriate to offset concerns prompted by his misconduct.

141. Therefore, the Tribunal determined that public confidence in the medical profession would not be undermined if a finding of impairment was not made in the particular circumstances of this case.

142. The Tribunal therefore determined that Dr Shokouh-Amiri's fitness to practise is not currently impaired by reason of misconduct.

Determination on Warning - 14/02/2025

1. As the Tribunal determined that Dr Shokouh-Amiri's conduct amounted to misconduct, but that his fitness to practise is not impaired, it considered whether in accordance with s35D(3) of the 1983 Act, a warning was required.

Submissions on behalf of the GMC

2. Mr Rose submitted that a warning in this case would be both proportionate and appropriate. Mr Rose reminded the Tribunal of its findings at Stage One and Stage Two.

3. He submitted that there has been a significant departure from Good Medical Practice in the following ways. Firstly, the failure to have a chaperone present on a number of occasions, which was therefore a repeated failure to comply with the relevant guidance as issued by his Royal College. That applies to each patient in which the Tribunal have found misconduct and particularly in the case of Patient A, it was repeated.

4. He sumbitted that there were clinical errors related to the care of Patients C&D, which clearly had a quite devastating effect for the patients involved because of what it has led to.

5. He submitted that with regards to Patient E equally the Tribunal found it was an error and that it was sufficient to meet the test of serious misconduct. In each instance relating to

Patients C, D and E, the clinical errors do amount to a significant departure from GMP as set out in Mr Rose's submissions to the Tribunal at Stages One and Two.

6. Finally, he sumbitted that in the case of Patient E there was an isolated incident of overstepping the boundaries in such a way that amounted to serious Misconduct.

7. He sumbitted that there are three different forms of breach which are repeated, particularly in relation to the chaperone policy. These breaches are also repeated in terms of Patients C & D, as they were due to similar clinical failings which arose from a decision to remove ovaries.

8. He submitted that the incident with Patient E was entirely different and was a single incident of overstepping professional boundaries. However, put together there are a number of significant departures from GMP.

9. He submitted that the purpose of the warning is first of all to send a message to the doctor involved that there can be no repetition, and secondly, to make a formal record of the concerns that arise from this, to indicate to the public that these failings have been considered and have been marked with a warning.

10. Mr Rose submitted that all those factors supported the issuing of a warning in this case.

Submissions on behalf of Dr Shokouh-Amiri

11. On behalf of Dr Shokouh-Amiri, Mr Rich submitted that a warning was not necessary or proportionate in this case. He stated that the purpose of a warning was to indicate to a doctor that their conduct has fallen below acceptable standards and should not be repeated. He submitted that the purpose underlying warnings was one of deterrence.

12. With regard to proportionality, he submitted that the Tribunal have met the interests of the public in having this properly marked. He submitted that in the Tribunal's determination this has already been achieved through the finding of misconduct, and indeed by the whole process of having a hearing and making the findings, and of course the majority of the hearing has been in public.

13. He submitted that the effect of a warning would be that the doctor would carry, albeit a different and much lower level of stigma effectively for a further two years. This is on top of the stigma the doctor has carried due to the interim order.

14. He submitted that the doctor has been working under conditions since 2019, which is five years of conditions. The Tribunal has seen the evidence both from his own oral and written evidence at this hearing in how he has dealt with the errors and concerns by way of prompt apology and expression of regret. With the exclusion, of course, of the gym invitation to Patient E, which he didn't remember, so therefore can't apologise for.

15. He submitted that Dr Shokouh-Amiri, has a good history and these were isolated incidents. He submitted that it is eight years since many of the incidents and it was isolated to a particular period.

16. Mr Rose asked the Tribunal to consider whether there has been any repetition. With regards to chaperone, he submitted that there were a couple of years where he conformed with a policy that was not correct when he should not have done so, and there has not been any repetition since.

17. He submitted that the Tribunal have found that the risk of repetition across all of the matters is low. It has been found that he has taken extensive steps in all of the spheres where the Tribunal found misconduct, and there has been remediation.

18. He said there have been serious attempts by the doctor to engage with these matters and to make sure they do not occur again and finally, referred to relevant and appropriate references and testimonials.

The Tribunal's Determination on Warning

19. The decision whether to issue a warning is a matter for the Tribunal making an evaluative judgment taking account of all the circumstances of this particular case and having regard to the submissions of the parties. In deciding whether to issue a warning the Tribunal has taken account of the Guidance on Warnings 2024 ('GOW') and whether a warning is necessary, appropriate and proportionate in this case.

20. The Tribunal reminded itself of the relevant paragraphs set out in the Guidance, including the purpose of warnings, the test for issuing a warning, the factors to consider, and proportionality.

21. In considering whether to issue a warning, the Tribunal noted that each of the factors in paragraph 20 of the Guidance is met, namely:

'20. The decision makers should take account of the following factors to determine whether it is appropriate to issue a warning.

a. There has been a clear and specific breach of Good medical practice or our supplementary guidance.

b. The particular conduct… in a case before a tribunal, that the doctor's fitness to practise has not been found to be impaired.

c. A warning will be appropriate when the concerns are sufficiently serious that, if there were a repetition, they would likely result in a finding of impaired fitness to practise… the decision makers will need to consider the degree to which the conduct… could affect patient care, public confidence in the profession or the reputation of the profession. If the decision makers consider that a warning is appropriate, the warning should make clear the potential impact of the conduct, behaviour or performance in question, accordingly.

d. There is a need to record formally the particular concerns (because additional action may be required in the event of any repetition)'

22. The Tribunal also took into consideration paragraph 32 of the Guidance:

32. If the decision makers are satisfied that the doctor's fitness to practise is not impaired or that the realistic prospect test is not met, they can take account of a range of factors to determine whether a warning is appropriate. These might include:

a. the level of insight into the failings

b. a genuine expression of regret/apology

c. previous good history

d. whether the incident was isolated or whether there has been any repetition

e. any indicators as to the likelihood of the concerns being repeated

f. any rehabilitative/corrective steps taken

g. *relevant and appropriate references and testimonials.*

23. The Tribunal has set out a detailed analysis of the evidence relating to the background to the case in both its Facts and Impairment determinations. It relies on them as underpinning its assessment at this stage. Of particular significance, it notes the following factors in this case:

- Dr Shokouh-Amiri has demonstrated insight and has completed extensive remedial activity such that the Tribunal could not identify anything further he could have done;
- Dr Shokouh-Amiri has expressed considerable regret, and has apologised both publicly and before the Tribunal;
- Dr Shokouh-Amiri has many positive testimonials;
- Dr Shokouh-Amiri has no relevant regulatory history;
- Dr Shokouh-Amiri was highly unlikely to repeat his misconduct.
- However, the misconduct was not isolated because of repeated failures to have a chaperone during gynaecological examinations. Similarly clinical failures related to unnecessary removal of ovaries in two patients.

24. The Tribunal considered its earlier findings were also relevant to frame the seriousness of the case. The conduct was serious enough for the Tribunal to conclude as follows in the Impairment determination:

> *'The Tribunal had regard to whether a finding of impairment was necessary on public interest and patient safety grounds in order to uphold proper professional standards. It reminded itself of the finding it had made in relation to misconduct and the fact that these issues had been the subject of regulatory proceedings. The Tribunal considered this finding of misconduct, and these proceedings are sufficient to highlight to the wider profession that Dr Shokouh-Amiri's conduct was unacceptable'.*

25. The factors taken into account in the previous two stages, and decided by the Tribunal are relevant for its assessment at this stage. The test for proportionality at the Impairment stage did not require a finding of '*current impairment*' in order to meet the wider public interest and Overarching Objective. That stage has different legal considerations and potentially more significant ramifications on a doctor. The Tribunal is content that its decision at that stage was proportionate in all of the circumstances.

26. However, the Tribunal is obligated to consider the overall outcome of the case in terms of the Overarching Objective. The Tribunal was of the view that its discretionary power

to impose a Warning should be exercised in this case, as not doing so would lead to a failure to properly mark a serious departure from proper professional standards, particularly paragraphs 1,2,7,11,15,32 and 65 of Good Medical Practice 2013. The Tribunal was satisfied that it was appropriate to mark the misconduct in this case with a Warning to uphold public confidence in the medical profession and the regulatory system. The Tribunal also considered that a Warning was appropriate to mark proper professional standards. Imposing a Warning is necessary and proportionate. It strikes a fair balance between the competing interests of the GMC's regulatory role and Dr Shokouh-Amiri's interests.

27. However, the Tribunal is obligated to consider the overall outcome of the case in terms of the Overarching Objective. The discretionary power to impose a Warning should be exercised in this case, as not doing so would lead to a failure to properly mark a serious departure from proper professional standards.

28. The Tribunal was satisfied that a failure to mark the misconduct in this case without a warning may undermine public confidence in the medical profession and the regulatory system. More importantly, the Tribunal would be failing in its duty to mark proper professional standards. The Tribunal is satisfied that imposing a Warning is necessary and proportionate. It strikes a fair balance between competing interests of the GMC's regulatory role and Dr Shokouh-Amiri's interests.

29. The Tribunal anticipates that the warning will act as a deterrent and reminder to Dr Shokouh-Amiri and the profession as a whole that his conduct fell below the standard expected and that a repetition is likely to result in a finding of impaired fitness to practise. Further, it considered that that it was necessary to reinforce the importance of maintaining proper conduct.

30. The Tribunal determined that a warning should be given to Dr Shokouh in the following terms:

31. This warning will be published on the medical register in line with our publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy.

32. The warning the Tribunal gives:

'Dr Shokouh-Amiri,

It was admitted and found proved that; on various dates between October 2017 and December 2018 you failed to have a chaperone present on multiple occasions whilst performing intimate examinations on various patients in breach of the RCOG policy on chaperones.

It was admitted and found proved that on the 4 September 2018 you removed a patient's ovaries when they did not consent to it. It was admitted and found proved that on the 29 November 2018 you removed another patient's ovaries when they did not consent to this and there was no clinical indication for their removal.

It was admitted and found proved that on the 13 November 2018 you had a consultation with a patient and failed to arrange investigations for their heavy irregular periods and for an endometrial polyp. It was determined and found proved that on the 13 November 2018 that you failed to appropriately communicate with a patient and suggested that they join you in the gym or words to that effect.

The conduct above does not meet with the standards required of a doctor and amounted to misconduct. It risks bringing the profession into disrepute and it must not be repeated.

The required standards are set out in Good medical practice and associated guidance:

> *1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.*
>
> *2 Good doctors work in partnership with patients and respect their rights to privacy and dignity. They treat each patient as an individual. They do their best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their illness or disability.*
>
> *7 You must be competent in all aspects of your work, including management, research and teaching.*
>
> *11 You must be familiar with guidelines and developments that affect your work.*

15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients you must:

a) adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient.

b) promptly provide or arrange suitable advice, investigations or treatment where necessary.

32 You must give patients the information they want or need to know in a way they can understand. You should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.

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

Whilst this failing in itself is not so serious as to require any restriction on your registration, it is necessary in response to issue this formal warning.'

33. The Tribunal has today revoked Dr Shokouh-Amiri's current Interim Order of conditions.

34. That concludes this case.