

**PUBLIC RECORD****Dates:** 31/10/2025**Doctor:** Dr Raisah SAWATI**GMC reference number:** 7266794**Primary medical qualification:** MB ChB 2012 University of Manchester

Type of case	Outcome on impairment
Review - Misconduct	Impaired

**Summary of outcome**

Conditions, 9 months.  
Review hearing directed

**Tribunal:**

Legally Qualified Chair	Mrs Julia Oakford
Lay Tribunal Member:	Mr Juleun Lim
Registrant Tribunal Member:	Dr Carl Edgell

Tribunal Clerk:	Mrs Olivia Gamble Mrs Jennifer Ireland
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**Attendance and Representation:**

Doctor:	Present, represented
Doctor's Representative:	Mr Martin Forde, KC, instructed by CMS Cameron McKenna Nabarro Olswang LLP
GMC Representative:	Ms Eleanor Curzon, Counsel

**Attendance of Press / Public**

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in public.

## Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

## Determination on Impairment - 31/10/2025

1. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Sawati's fitness to practise remains impaired by reason of misconduct.

## Background

2. Dr Sawati qualified as a doctor in 2012 from the University of Manchester.

3. Prior to the events which were the subject of these proceedings, Dr Sawati had completed her Foundation Year One between August 2012 and August 2013. She commenced her Foundation Year Two in August 2013, which she completed in August 2019. At the time of the events which led to these proceedings, Dr Sawati was practising as an Internal Medicine Trainee for Wirral University Teaching Hospital NHS Foundation Trust ('the Trust').

## The September 2024 Tribunal

4. The allegations that led to Dr Sawati's 2024 hearing can be summarised as follows: Dr Sawati was subject to an Interim Order of Conditions ('IOT Conditions'), placed on her by an MPTS Interim Orders Tribunal. On 11 March 2020, Dr Sawati's Interim Order was varied to include a requirement for direct supervision. She was directly supervised in her role at Arrowe Park Hospital ('the Hospital') by Professor A, where she worked from August 2019 until April 2020.

5. On 5 April 2020, Dr Sawati was informed by Professor A that, due to the Covid-19 pandemic, she would be moving to work at Clatterbridge Hospital ('Clatterbridge'), with effect from 6 April 2020. She was told that she would be supervised by Professor B while

working at Clatterbridge, and that this would mean that she would only be able to work two mornings per week in line with Professor B's work schedule.

6. On 6 April 2020, Dr Sawati attended work at Clatterbridge as expected. After completing her session, she then returned to the Hospital and attended the bereavement office ('the Office'). While in the Office, it was alleged that Dr Sawati completed a Cremation Form 4, Medical Certificate ('Cremation Form') for Patients C and D. She was also alleged to have added '*hypertension*' as a cause of death into part 1(b) of Patient C's Death Certificate.

7. On 7 April 2020, Professor A attended the Office to complete death certification paperwork in relation to several patients that he had not been able to fully complete the previous day. He noted that Dr Sawati had completed the Cremation Forms (in relation to some of those patients) the previous day. Due to potential errors and discrepancies of information in the Cremation Forms and on the death certificate of Patient C, he proceeded to reissue the paperwork himself. Dr Sawati was suspended from work on 7 April 2020, pending an investigation.

8. It was alleged that at the time of completing these forms, Dr Sawati had breached her IOT Conditions as she was not under the direct supervision of her clinical supervisor or a suitable named deputy. Further, Dr Sawati was alleged to have acted dishonestly by completing the forms, as she knew that she was required to be directly supervised. Dr Sawati was also alleged to have acted dishonestly as she knew that she had been sent away from the Hospital to work at Clatterbridge, and that she was entitled to claim a fee for the work she had completed of approximately £80 per completed Cremation Form.

9. The initial concerns were raised with the GMC shortly after the incident. The matter was also reported to the Police and Dr Sawati attended an interview on 4 June 2020. It was alleged that during this interview Dr Sawati was dishonest about how she came to be in the Office on 6 April 2020 and that she had been asked to attend the Office to complete paperwork.

10. During Dr Sawati's hearing, which took place September - October 2024, Dr Sawati admitted a number of the allegations above.

11. The facts found proved by the September 2024 Tribunal are summarised as follows: on 11 March 2020, the IOT imposed a condition upon Dr Sawati's registration which stated '*she must be directly supervised in all of her posts by a clinical supervisor, as defined in*

*Glossary for Undertakings and Conditions. Her clinical supervisor must be appointed by her responsible officer (or their nominated deputy)’.* Further, it was found proved that on or around 3 April 2020, Dr Sawati’s clinical supervisor, Professor A, told her that she was moving from Arrowe Park Hospital to Clatterbridge Hospital, where she would be directly supervised by Professor B. It was found proved that on 6 April 2020, Dr Sawati was working at Clatterbridge Hospital under the clinical supervision of Professor A, when she left the hospital and attended the bereavement office of the hospital where she completed a Cremation Form 4, Medical Certificate for Patient C and completed a Cremation Form for Patient D.

12. It was found proved that on 6 April 2020, Dr Sawati was not working under direct supervision of her clinical supervisor or by a suitable named deputy, under established arrangements made and overseen by the clinical supervisor. It was found proved that she was in breach of her IOT conditions when she completed the cremation forms for Patient C and Patient D. It was found proved that Dr Sawati knew that she was to be directly supervised by her clinical supervisor (or suitable named deputy).

13. Furthermore, it was found proved that Dr Sawati had no reasonable cause to depart from her IOT conditions in doing what she did. It was found proved that she knew her clinical supervisor had sent her away from the Hospital and that she was expected to work at Clatterbridge on 6 April 2020 and it was also found proved that Dr Sawati knew that the person completing Cremation Forms could be entitled to claim a fee for the work and it was found proved that her actions were dishonest.

14. It was further found proved that during a police interview on 4 June 2020, Dr Sawati lied in that she had stated that Dr F had pushed paperwork towards her and said ‘paperwork for your consultant’ implying to carry on with the certificates and further, that Dr F put paperwork in front of her and asked her to carry on with paperwork associated with patients. This was found to be not true. However, it was not found proved that Dr Sawati knew these statements were not true, and it was further not found proved that her actions were dishonest.

15. The September 2024 Tribunal found Dr Sawati impaired by reason of her misconduct

16. The September 2024 Tribunal considered that the following paragraphs of Good Medical Practice (GMP) were engaged in Dr Sawati’s case.

*'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*

...

*14 You must recognise and work within the limits of your competence.*

...

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

*66 You must always be honest about your experience, qualifications and current role*

...

*68 You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.'*

17. The September 2024 Tribunal stated that:

*'While the Tribunal recognised Dr Sawati's determination to be an excellent doctor, it was not persuaded that there was no risk of repetition. As [Dr K] identifies, being a medical professional is highly pressurised and can be stressful. Without evidence of her own structured analysis of her actions, the Tribunal cannot be sure that these breaches of professional standards would not happen again. Dr Sawati must gain insight and self-awareness so that lessons can be learned, and improvements made to her work. In order to be a good doctor, Dr Sawati must act within the limits of her competence (including any restrictions on her practise), colleagues need to be able to*

*trust what she does and says. Further, the accuracy with which she reports, or responds to official enquiries, must be reliable.'*

18. The September 2024 Tribunal considered that Dr Sawati's breach of the restrictions imposed by her regulator would damage public confidence in the profession if a finding of impairment were not made. The 2024 Tribunal was satisfied that a member of the public in full knowledge of the facts of the case would be concerned about a doctor acting in the way Dr Sawati did. The 2024 Tribunal was also of the view that given its findings of fact and serious misconduct, a finding of impairment of fitness to practise was necessary to promote and maintain proper standards of conduct for the medical profession.

19. The September 2024 Tribunal considered both findings of impairment, the breach of IOT Conditions which was admitted, and the untruthful statements told in the police station, which were found proved. It determined that Dr Sawati's breach of her IOT Conditions was not dishonest and was inadvertent, and that supervision at that time had not been directive or explicit and was at a time of rapid changes for Dr Sawati. In respect of the untruthful statements told in the police station, the 2024 Tribunal found that these were not dishonest, but were a response to stress and panic, fearing she would be sent to prison.

20. The September 2024 Tribunal found that Dr Sawati lacked insight into her misconduct. However, it considered that Dr Sawati had recognised that she needed support and had sought out groups to provide this. The 2024 Tribunal had regard to the evidence of Professor M, who had offered Dr Sawati a place at the Centre for Remediation, Support & Training to commence in January 2025. This Centre offered a supported structure, and staff who can assess her and tailor the programme to Dr Sawati's specific needs. The 2024 Tribunal was reassured that the highlighted lack of insight could be appropriately addressed by Dr Sawati's engagement with this programme. The 2024 Tribunal was also reassured that the Centre had strong connections with the GMC and would commit to ensuring regulatory findings were considered and addressed within her programme.

21. The September 2024 Tribunal considered that imposing an order of conditions, which required Dr Sawati's attendance at the Remediation Centre for Support & Training, would allow Dr Sawati to re-enter the workforce with a structured, bounded and overall safe approach. It considered that this could provide the necessary support and assistance to deal with the attitudinal, behavioural and communication issues that have been identified by the 2024 Tribunal and Dr Sawati's employers.

22. The September 2024 Tribunal determined that a period of suspension would be a disproportionate response and concluded that conditions for 12 months was the appropriate sanction. The Tribunal considered that a 12-month period would allow Dr Sawati time to engage with the Centre for Remediation, Support & Training and allow time for her regulator to sufficiently monitor her progress in addressing the behavioural issues that have been identified in this case. The 2024 Tribunal also considered that this period of time would allow Dr Sawati to demonstrate that she has addressed the concerns and considered that a 12-month period of conditional registration struck a fair balance between the wider public interest and Dr Sawati's interests.

23. The September 2024 Tribunal directed a review of Dr Sawati's case, clarifying that the onus will be on Dr Sawati to demonstrate how she has remediated and developed insight into her actions. It considered that it may assist the reviewing Tribunal if Dr Sawati provided the following:

- The three monthly reports provided to the GMC;
- A summary of her job plan, her level of engagement with this, her rate of progression and achievement of meeting these agreed individual goals;
- An opinion on her ability to return to unrestricted practice;
- A report on her objective improvements in remediation of misconduct; including, but not limited to, observations on her attitudes, behaviour and communication within the workplace, including at times when she is under pressure. The report to comment on Dr Sawati's self-rated /subjective feedback and if any discrepancies between that observed; and;
- A report from her Professional mentor Professor O on her progress including observations on her development of reflective practice, trustworthiness and working collaboratively with colleagues including insight into how her behaviour may influence others within and outside the team.

### **Today's Hearing**

### **The Evidence**

24. The Tribunal has taken into account all the evidence received.

25. The Tribunal received the following documentary evidence, which included but was not limited to:

- 2024 Record of Determination;
- Various correspondence between the GMC and Dr Sawati;
- Three monthly reports from Professor E;
- Report from Centre for Remediation, Support and Training – dated 24 July 2025;
- Further report from Centre for Remediation, Support and training – dated 24 July 2025;
- Dr R's letter confirming attendance at clinical attachment – dated 9 July 2025;
- A progress report from Professor O – dated 11 July 2025;
- Correspondence between Professor E and the GMC – dated 13 August 2025;
- Correspondence between Professor O and the GMC – dated 13 August 2025;
- Various testimonials on behalf of Dr Sawati.

#### Submissions on Behalf of the GMC

26. On behalf of the GMC, Ms Eleanor Curzon, Counsel, submitted that Dr Sawati remains impaired by reason of her misconduct.

27. Ms Curzon submitted that Dr Sawati has remained compliant with her conditions and provided everything the 2024 Tribunal requested of her. Ms Curzon stated that it is clear that the doctor has worked closely with the Centre of Remediation, Support & Training, which has also included undertaking clinical attachments. Ms Curzon further stated that Dr Sawati has received positive mentor feedback and supervisor reports and has recommendations that she is fit to practise.

28. Ms Curzon submitted that there is positive feedback for Dr Sawati which demonstrates that she has worked hard and that insight has been shown. Ms Curzon drew the Tribunal's attention to the reflections of Dr Sawati where Dr Sawati outlines that she now understands how the past difficulties arose under pressure and how she is a driven and eager person, rather than a dishonest one. In these reflections, Dr Sawati states that she regrets the impact of her actions and understands now that complying with GMC measures is her key responsibility.

29. Ms Curzon submitted that despite the above, there remain some concerns in this case. She submitted that Dr Sawati has not been able to work in a clinical post since April 2020. Ms Curzon submitted that there is a risk in a doctor in this position returning to unrestricted practice after such a long period of time out of clinical practice.

30. Ms Curzon submitted that although Dr Sawati is now in a ‘much better place’ and there is evidence to suggest that, given the length of time she has had away from clinical practice, it is the GMC’s position that Dr Sawati remains impaired by reason of misconduct.

31. Ms Curzon submitted that Dr Sawati’s clinical attachment was for a 7-week period between April-June 2025, where she attended two to three times per week, approximately 21 times overall. Ms Curzon stated that Dr Sawati has not worked in a salaried position since 2020 and noted that her opportunity to work within a stressful environment has been limited.

32. Ms Curzon submitted that Dr Sawati has not worked in an environment similar to where she was working when the concerns arose. She submitted that Dr Sawati’s personal development plan (PDP) references being able to manage under stress and demonstrate an understanding of situational challenges, however, Ms Curzon submitted that there is a risk that Dr Sawati will return to patterns that are detrimental to teamworking and ultimately, pose a risk to patients.

33. Ms Curzon submitted that it would be better for Dr Sawati to return to restricted practice so that she could return gradually to clinical practice and where her reactions to workplace stressors could be monitored.

34. Ms Curzon referred the Tribunal to the *Grant* test and submitted that limbs c and d are engaged in this case, which relate to fundamental tenets of the profession and dishonesty.

35. Ms Curzon submitted that there remains a risk in a doctor in Dr Sawati’s position returning to practice unrestricted after a such a lengthy period of absence and she concluded by inviting the Tribunal to determine that Dr Sawati remains impaired by reason of her misconduct.

#### **Submissions on Behalf of Dr Sawati**

36. On behalf of Dr Sawati, Mr Martin Forde, KC, invited the Tribunal to find that Dr Sawati is no longer impaired by reason of misconduct.

37. Mr Forde submitted that there is progress in this case. He stated that the difficulties Dr Sawati has with her current conditions is that they are ‘pretty much unworkable’ and therefore she has only been able to undertake clinical attachments, which she has approached with a real degree of enthusiasm.

38. Mr Forde submitted that Dr Sawati has sought the assistance of the Centre of Remediation, Support & Training, done direct learning, XXX.

39. Mr Forde submitted that Dr Sawati is XXX and is hopeful in securing a position as a junior doctor, whereby she would be closely supervised by an onsite senior medical professional who she can consult.

40. Mr Forde submitted that he is confident that Dr Sawati is safe to return to unrestricted practice. He stated that she has been de-skilled by the very nature of her conditions, and he stressed that the doctor is not going to find herself ‘unrestricted’ by reason of her grade as a junior doctor.

41. Mr Forde drew the Tribunal’s attention to documentary evidence, Dr Sawati’s reflections, her PDP and the strong support of Professor M who has continued to strongly support her. Mr Forde submitted that Professor M is highly respected by the GMC and stated that he is very committed to assisting Dr Sawati, who has worked alongside him with her conditions. Professor M helped Dr Sawati find a Responsible Officer, despite not being an employee of a Trust, which she has found extremely useful.

42. Mr Forde referred the Tribunal to the words of Professor O, who has no concerns whatsoever and who stated:

*‘In my opinion Dr Sawati has performed beyond any expectations in this role, made excellent progress, and reflected at length on clinical cases as well as her overall experience. In particular, she has reflected extensively on aspects of her practice related to probity and honesty. She has come to recognize that [XXX] has, in the past, resulted in misunderstandings that resulted in the current GMC and MPT action. I am pleased to report that Dr Sawati has gained insight [XXX], mostly out of a sense of trying to please her colleagues and seniors. She now knows when to stop, think, and if necessary, say no. As a result of her reflections, remediation and case-based discussions, she has learned much from these experiences and acquired the ability to reflect and analyse complex and nuanced situations. I believe Dr Sawati is fully fit to*

*practice and I would have no hesitation whatsoever in employing her and entrusting my patients to her care. In my view, Dr Sawati has fully satisfied the conditions imposed upon her by the MPT. Her tenacity and determination in satisfying these conditions has been remarkable and a testament to her dedication and devotion to pursuing her chosen career in medicine. Many, in her situation, would have given up, Dr Sawati did not, and that, I believe speaks, together with her trustworthiness and honesty, learning from the lessons of the last five years, fully justifies her return to full, and unrestricted, clinical practice.*

43. Mr Forde submitted that Dr Sawati hopes to be offered a paid position at a Mental Health Practice in Shrewsbury, where she would be directly supervised by a senior doctor who is on site three days a week and who otherwise, is always available on the telephone. This position would involve Dr Sawati being a junior doctor, working as part of a consultant led team and being supervised. Dr Sawati hopes to be involved in tasks which relate to working with patients with neurodiversity. Mr Forde submitted that this was different to the stress of a labour ward with emergency caesarean sections for example.

44. Mr Forde concluded that given the circumstances, the Tribunal should determine that Dr Sawati is no longer impaired by reason of misconduct.

### The Relevant Legal Principles

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

46. This Tribunal must determine whether Dr Sawati's fitness to practise is impaired today, taking into account her conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

### The Tribunal's Determination on Impairment

47. In reaching its decision, the Tribunal bore in mind that its primary responsibility is to uphold the statutory overarching objective which is as follows:

- To protect, promote and maintain the health, safety and well-being of the public;
- To promote and maintain public confidence in the medical profession;
- To promote and maintain proper professional standards and conduct for members of that profession.

48. The Tribunal considered the determination of the 2024 Tribunal, the submissions of both parties, and the recent documentary evidence from Dr Sawati as to her reflections and the steps she has taken to remediate her misconduct since the last hearing.

49. The Tribunal reminded itself of the items which the 2024 Tribunal considered would assist today's reviewing Tribunal. It considered that Dr Sawati has provided all the items requested.

50. The Tribunal considered Mr Forde's submissions on behalf of Dr Sawati and the documentary evidence she has provided, and it was of the view that Dr Sawati has worked hard to progress her situation. It noted that her dedication to provide all the items requested by the 2024 Tribunal was commendable as well as compliant with the conditions imposed.

51. In relation to evidence of further insight and remediation, the Tribunal considered Dr Sawati's reflective statement and was of the view that her insight was now developed sufficiently and that she has done everything possible to remediate her previous misconduct.

52. The Tribunal took into account the positive testimonials it had received on behalf of Dr Sawati and also noted the evidence Dr Sawati provided in relation to the CPD courses she has undertaken, which the Tribunal considered to be relevant and valuable.

53. When considering the evidence it has before it, the Tribunal determined that Dr Sawati's current level of insight is sufficient, and determined that she has remediated her misconduct. In all the circumstances of this case, the Tribunal is satisfied that the risk of repetition of Dr Sawati's misconduct is now low.

54. The Tribunal went on to consider whether Dr Sawati had kept her clinical skills and knowledge up to date. It accepted the GMC's submission that despite Dr Sawati's impressive remediation, there remained a risk in this case due to the length of time since Dr Sawati has been in clinical practice.

55. The Tribunal considered that Dr Sawati has not been in clinical practice for over five years and therefore, would have undoubtedly become de-skilled.

56. On the whole, the Tribunal considered that Dr Sawati's clinical skills have not been sufficiently maintained during the period of conditions on her registration.

57. The Tribunal considered what evidence it had before it in this review hearing. It determined that Dr Sawati has provided what the 2024 Tribunal has asked of her. It considered that Dr Sawati has reflected, developed sufficient insight into her misconduct, and taken the appropriate steps toward remediation. However, it considered that her clinical skills were not sufficiently maintained as she has not worked in clinical practice for some five years.

58. The Tribunal considered that there were therefore patient safety concerns, if Dr Sawati was to return to practice unrestricted and determined that the following part of the over-arching objective was engaged:

- To protect, promote and maintain the health, safety and well-being of the public;

59. The Tribunal found that if it were to find Dr Sawati not impaired it would risk patient safety, given its concerns about a de-skilled doctor being permitted to return to unrestricted practice.

60. The Tribunal therefore determined that Dr Sawati's fitness to practise remains impaired by reason of misconduct.

#### **Determination on Sanction - 31/10/2025**

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

#### **The Evidence**

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

### Submissions on Behalf of the GMC

63. Ms Curzon, Counsel, submitted that the appropriate and proportionate sanction at this stage is a continued period of conditional registration, which includes a condition of normal or close supervision.

64. Ms Curzon submitted taking no action is only appropriate in exceptional circumstances. She stated that the purpose of imposing conditions is to help the doctor to remedy issues in their practice and further stated that a further period of conditions will be of benefit to Dr Sawati as it will afford her the required level of support.

65. Ms Curzon drew the Tribunal's attention to the relevant paragraphs of the Sanctions Guidance (2024) ('SG') and reminded the Tribunal of Mr Forde's previous submission, that Dr Sawati would abide by any further conditions imposed on her registration.

66. Ms Curzon submitted that conditions must be proportionate, workable and measurable. She stated that a condition of normal or close supervision may be more workable for Dr Sawati and enable her to undertake medical practice.

67. Ms Curzon submitted that the public interest would be served by a period of continued conditions, and she stated that public confidence would be upheld and maintained if Dr Sawati remained under supervision.

68. Ms Curzon submitted that a specific condition of supervision, or close supervision, is required in this case, rather than the more general supervision alluded to by Mr Forde, whose previous submission was that Dr Sawati would be supervised by the nature of her 'junior' status.

69. Ms Curzon concluded that a continuation of conditions is the appropriate sanction and is both proportionate and workable given the circumstances.

### Submissions on Behalf of Dr Sawati

70. Mr Forde, Counsel, referred the Tribunal to its impairment determination where it noted Dr Sawati's efforts to progress her situation as 'commendable'.

71. Mr Forde drew the Tribunal's attention to the various positive testimonials on behalf of Dr Sawati, where it was opined that the doctor is honest, transparent, intelligent and deals well with her communication difficulties.

72. Mr Forde submitted that the Tribunal has two questions to consider: are conditions necessary? And are conditions workable? Mr Forde stated that his primary submission is that conditions are not necessary as the reality is that Dr Sawati would be supervised by the nature of her 'junior' role. However, he submitted that if the Tribunal did not accede to that, the 'lightest possible conditions' would give Dr Sawati the best chance to gain employment.

73. Mr Forde stressed that the reality of Dr Sawati working is that she will be closely supervised anyway. Mr Forde asked the Tribunal to consider whether it required the additional security of a tailored condition to enforce this.

74. Mr Forde submitted that if the Tribunal determine to impose a further period of conditional registration on Dr Sawati, a review is not necessary in this case. He stated that if the Tribunal do not agree, a review in 6-months' time would be preferable over 12-months' time.

75. Mr Forde concluded that his primary submission is that there is no need for further conditions because Dr Sawati will be supervised anyway by the nature of her grade as a junior doctor. He said if the Tribunal did not agree, he invited it to impose conditions which were 'as light touch as possible'. Mr Forde stated that a review is not necessary in this case, but again, noted that if the Tribunal did not agree, a review in 6-months' time would be requested.

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

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

77. In reaching its decision, the Tribunal should have regard to the principle of proportionality, balancing Dr Sawati's interests with those of the public. Throughout its deliberations the Tribunal should bear in mind that the purpose of a sanction is not to punish a doctor, although a sanction may have a punitive effect.

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

#### No action

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

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

81. Given the potential public safety issues, the Tribunal determined that to take no action would be neither appropriate nor proportionate and would fail to uphold the statutory overarching objective.

#### Conditions

82. The Tribunal next considered whether it would be appropriate to impose a further period of conditions on Dr Sawati's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

83. The Tribunal had regard to paragraphs 82, 84 and 85 of the SG:

**'82** *Conditions are likely to be workable where:*

*a the doctor has insight*

*b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings*

*c the tribunal is satisfied the doctor will comply with them*

*d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.*

...

**84** *Depending on the type of case (eg health, language, performance or misconduct), some or all of the following factors being present (this list is not exhaustive) would indicate that conditions may be appropriate:*

- a no evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage*
- b identifiable areas of their practice are in need of assessment or retraining*
- c willing to respond positively to retraining, with evidence that they are committed to keeping their knowledge and skills up to date throughout their working life, improving the quality of their work and promoting patient safety (Good medical practice, paragraphs 1-5 (Being Competent) and 11-13 (Maintaining, developing and improving your performance))*

...

**85** *Conditions should be appropriate, proportionate, workable and measurable.'*

84. The Tribunal noted that this was a case where conditions were deemed appropriate previously, and there have been no intentional breaches or other issues identified. The Tribunal was satisfied that Dr Sawati would comply with an order of conditions on her registration and that she has been doing so over the last 12 months.

85. The Tribunal was also of the view that Dr Sawati requires a supportive environment to allow her time to sufficiently address the concerns of this Tribunal with regards to her clinical skills.

86. The Tribunal has considered the range of conditions that are necessary in this case. A proportionate approach led the Tribunal to impose the least restrictive conditions it considered were appropriate. It considered whether it would be beneficial to Dr Sawati at this stage, if it were to relax the order of conditions imposed by the 2024 Tribunal. It noted the significant progress made by Dr Sawati since the last hearing to address her insight and remediation, and formed the view that it would send out a positive message to her, and the

profession as a whole, and reflect the steps and improvement Dr Sawati has made in the last 12 months.

87. In all the circumstances, the Tribunal considered that imposing conditions on Dr Sawati's registration was the appropriate sanction required to protect the public. It considered that, at this stage, given Dr Sawati's well-developed insight and her efforts to address the concerns of the 2024 Tribunal, a member of the public, in full knowledge of the circumstances of this case, would agree that the overarching objective was met by the imposition of conditions.

### Length of Order

88. Having determined to impose an order of conditional registration, the Tribunal considered the length of the order. The Tribunal determined to impose conditions for a period of nine months as sufficient to allow Dr Sawati time to demonstrate that her knowledge and skills are sufficiently up to date.

89. The Tribunal considered that this period of conditional registration struck a fair balance between the wider public interest and Dr Sawati's interests.

### The Conditions

90. The following conditions will be published:

1 She must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:

- a the details of her current post, including:
  - i her job title
  - ii her job location
  - iii her responsible officer (or their nominated deputy)
- b the contact details of her employer and any contracting body, including her direct line manager
- c any organisation where she has practising privileges and/or admitting rights
- d any training programmes she is in

2 She must personally ensure the GMC is notified:

- a of any post she accepts, before starting it
  - b that all relevant people have been notified of her conditions, in accordance with condition 8
  - c if any formal disciplinary proceedings against her are started by her employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
  - d if any of her posts, practising privileges or admitting rights have been suspended or terminated by her employer before the agreed date within seven calendar days of being notified of the termination
  - e if she applies for a post outside the UK
- 3 She must allow the GMC to exchange information with any person involved in monitoring her compliance with her conditions.
- 4 a She must have a workplace reporter appointed by her responsible officer (or their nominated deputy).
- b She must not work until:
    - i her responsible officer (or their nominated deputy) has appointed her workplace reporter
    - ii She has personally ensured that the GMC has been notified of the name and contact details of her workplace reporter.
- 5 a She must be closely supervised in all of her posts by a clinical supervisor, as defined in the *Glossary for undertakings and conditions*. Her clinical supervisor must be approved by her responsible officer (or their nominated deputy).
- b She must not work until:
    - i her responsible officer (or their nominated deputy) has appointed her clinical supervisor and approved her supervision arrangements
    - ii She has personally ensured that the GMC has been notified of the name and contact details of her clinical supervisor and her supervision arrangements.
- 6 She must not work:
- a as a locum
  - b out-of-hours

c on-call

7 She must have a mentor who is approved by her responsible officer (or their nominated deputy).

8 She must personally ensure the following persons are notified of the conditions listed at 1 to 7:

- a her responsible officer (or their nominated deputy)
- b the responsible officer of the following organisations:
  - i her place(s) of work, and any prospective place of work (at the time of application)
  - ii all her contracting bodies and any prospective contracting body (prior to entering a contract)
  - iii any organisation where she has, or has applied for, practising privileges and/or admitting rights (at the time of application)
  - vi If any of the organisations listed at (i to iii) does not have a responsible officer, she must notify the person with responsibility for overall clinical governance within that organisation. If she is unable to identify this person, she must contact the GMC for advice before working for that organisation.
- c the approval lead of her regional Section 12 approval tribunal (if applicable) - or Scottish equivalent
- d her immediate line manager and senior clinician (where there is one) at her place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

## Review

91. The Tribunal determined to direct a review of Dr Sawati's case. A review hearing will convene shortly before the end of the period of conditional registration. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Sawati to demonstrate that her knowledge and skills is sufficiently up to date. It therefore may assist the reviewing Tribunal if Dr Sawati provides:

- Performance progression reports from her clinical supervisor;
- Evidence of CPD;
- Report from her mentor; and
- Any other information that Dr Sawati considers will assist.

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92. The Tribunal have directed to impose conditions on Dr Sawati's registration for a period of nine months. The MPTS will send Dr Sawati a letter informing her of her right of appeal and when the direction and the new sanction will come into effect. The current order of conditions will remain in place during the appeal period.

93. That concludes this case.