

**PUBLIC RECORD****Date:** 14/11/2025**Doctor:** Dr Hamdy EL-SIKH**GMC reference number:** 6158443**Primary medical qualification:** MB BCh 1988 Menoufia University

Type of case	Outcome on impairment
Review - Misconduct	Impaired
XXX	XXX
Review - Conviction	Impaired

**Summary of outcome**

Suspension, 12 months.  
Review hearing directed

**Tribunal:**

Legally Qualified Chair	Ms Marianne O'Kane
Lay Tribunal Member:	Miss Mamta Gupta
Registrant Tribunal Member:	Dr Sarah Jeffery
Tribunal Clerk:	Mrs Olivia Gamble

**Attendance and Representation:**

Doctor:	Not present, not represented
GMC Representative:	Ms Kathryn Hughes, 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 private.

## Overarching Objective

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

## Determination on Impairment - 14/11/2025

1. This determination will be read in private. However, as this case also concerns Dr El-Shikh's misconduct and his conviction, a redacted version will be published at the close of the hearing.

## Background

### The 2023 Tribunal

2. Dr El-Shikh qualified in 1988 in Egypt. At the time of the events which led to the 2023 hearing, Dr El-Shikh was practising as a Locum Consultant at the William Harvey Hospital in Ashford in Kent, where he also taught and supervised Foundation Trainee doctors. Dr El-Shikh's licence to practise was withdrawn by the GMC in January 2023 following his non-engagement in the revalidation process during 2022.

3. The facts found proved at the 2023 hearing can be summarised as, Dr El-Shikh submitted a guilty plea at Uxbridge Magistrates Court ('the Court'), on 4 October 2021. Dr El-Shikh was convicted of possessing a quantity of a class A and class B drug and was sentenced to a fine of £1615. The 2023 Tribunal determined that Dr El-Shikh failed to notify the GMC without delay that he had been convicted of the said criminal offences. Further, the Tribunal found that, during an appraisal meeting on 15 August 2022, Dr El-Shikh told the appraiser that he had taken XXX but had never used any other illegal substances, or words to

that effect. Dr El-Shikh knew that he had previously used XXX and that his statement to the appraiser was dishonest.

4. XXX

5. The 2023 Tribunal determined that Dr El-Shikh's fitness to practise was impaired by reason of conviction for a criminal offence; misconduct; XXX. The Tribunal determined to impose an order of suspension for a period of 12 months. The Tribunal considered that a reviewing Tribunal could be assisted by the following:

- XXX.
- Written reflections on the circumstances of his case and the learnings and insight he has gained, demonstrating his insight into the gravity of the misconduct found and its impact (particularly in regard to the public, patients and members of the profession).
- Evidence of any CPD (Continuous Professional Development) that he has undertaken, particularly in relation to probity, and any reflections he has made on these.
- Details of planned remediation and/or evidence of the remediation he has undertaken.
- Evidence that he has kept his clinical knowledge and skills up to date.

#### The 2024 Tribunal

6. During the 2024 hearing, Dr El-Shikh had failed to provide any written evidence to the Tribunal. In the absence of any signed witness statement, the 2024 Tribunal asked Dr El-Shikh some questions by way of examination in chief, in an attempt to assist him in developing his evidence. Dr El-Shikh informed the 2024 Tribunal that he had only taken XXX once during October 2022 (but he was unsure of the year and indicated it could have been 2021 or 2023). He further stated that he did not have XXX in his possession at the time of the index incident. Dr El-Shikh said that as this time, he was stressed. Dr El-Shikh told the Tribunal that he had not taken XXX since his conviction, although he admitted to XXX irregularly, such as when he goes to a party. Dr El-Shikh told the Tribunal that he is not a bad person but that he made a mistake.

7. He explained that he was currently working in Egypt in geriatric care for a charity outside of any government run medical services. He stated that he did not accept the findings

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of the 2023 Tribunal that he was dishonest, and stated that, due to financial difficulties, he had not undertaken any courses. XXX. He went on to explain that people in certain parts of the world share drugs in the same way as those in the West might share a glass of wine. XXX. Dr El-Shikh accepted that it was not appropriate for a doctor to use illegal drugs.

8. XXX

9. The 2024 Tribunal noted that Dr El-Shikh had stated that he did not agree with the findings of the 2023 Tribunal that he was dishonest and in fact appeared to have little understanding of the matter the Tribunal found he had behaved dishonestly about. Further, the Tribunal considered that Dr El-Shikh had clearly not reminded himself about the previous determinations in advance of the review hearing. Additionally, the Tribunal noted that Dr El-Shikh initially denied being sent the hearing bundle, until it was proven that he had sent a confirmation of receipt email to the GMC. Despite this, Dr El-Shikh was still unable to locate the hearing bundle. The Tribunal considered Dr El-Shikh poorly prepared for the review hearing and took the view that he did not consider the hearing serious or significant. Accordingly, the 2024 Tribunal found that Dr El-Shikh remained impaired by reason of misconduct.

10. The 2024 Tribunal opined that it had limited evidence before it to demonstrate that Dr El-Shikh had any remorse or insight into the matter of his conviction. Therefore, it could not be satisfied that there was no risk of repetition of the behaviour that led to the initial hearing. The 2024 Tribunal further considered that there was evidence from Dr El-Shikh that XXX. The Tribunal was therefore satisfied that Dr El-Shikh remained impaired by reason of his convictions.

11. Having found Dr El-Shikh still impaired by reason of XXX, misconduct and his convictions, the 2024 Tribunal determined to suspend Dr El-Shikh for a period of 12 months. It stated:

*'Despite some of the guidance as referenced in paragraph 12 of this determination, the Tribunal nevertheless, by a narrow margin is satisfied that a period of suspension remains proportionate in this instance. The Tribunal is of the opinion that Dr El-Shikh could remediate these matters and develop his insight. Therefore, the Tribunal has determined to impose a further period of suspension.'*

12. The 2024 Tribunal did consider erasure during this hearing. It stated:

*'It is important to make the point that the Tribunal came very close to erasing Dr El-Shikh from the register. There are a number of aspects to the evidence in this case which are suggestive of erasure, rather than suspension. In particular, paragraph 97 of SG requires that a registrant, in order to be appropriate for suspension, demonstrate evidence that there will be no repetition of similar behaviour; that he has insight; that remediation is likely; that there is no ongoing risk to public safety; and there has not been a breach of Good Medical Practice which is fundamentally incompatible with continued registration. At best, Dr El-Shikh has a weak case on some of these issues. On others, it borders on being non-existent. However, the Tribunal has stepped back from SG to look at the case as a whole, applying the principles of proportionality. The Tribunal took into account that this is the first review of the case, and that Dr El-Shikh has not sought professional legal advice regarding these matters. It is arguable that he has displayed a certain naivety about his current predicament which is remediable, but only if Dr El-Shikh puts in a great deal of work during the next 12 months or so. Accordingly, the Tribunal considers that it would be disproportionate to erase Dr El-Shikh at this time.'*

13. The 2024 Tribunal directed a review hearing and outlined that it may assist the reviewing Tribunal if he provided:

- XXX.
- Written reflections on the circumstances of his case and the learnings and insight he has gained, demonstrating his insight into the gravity of the misconduct found and its impact (particularly in regard to the public, patients and members of the profession).
- Evidence of any CPD (Continuous Professional Development) that he has undertaken, particularly in relation to probity, and any reflections he has made on these.
- Details of planned remediation and/or evidence of the remediation he has undertaken.
- Evidence that he has kept his clinical knowledge and skills up to date.

### Today's Review Hearing

14. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the

Rules') whether Dr El-Shikh's fitness to practise is impaired by reason of misconduct, XXX or conviction.

### **The Outcome of Applications Made during the Impairment Stage**

15. The Tribunal granted an application made by Ms Kathryn Hughes, Counsel for the GMC, pursuant to Rule 41XXX of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), for the entirety of the proceedings to be held in private.

16. The Tribunal also granted an application made by Ms Hughes, Counsel for the GMC, pursuant to Rules 20 and 40 of the General Medical Council ('GMC') Fitness to Practise Rules 2004 ('the Rules') and determined that notice of the review hearing had been effectively served on Dr El-Shikh. The Tribunal further determined, in accordance with Rule 31 of the Rules, to proceed to proceed in absence of Dr El-Shikh. This written decision is attached at Annex A.

### **The Evidence**

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

18. The Tribunal received the following documentary evidence:

- Records of previous Determinations;
- Various correspondence between the GMC and Dr El-Shikh;
- XXX
- Email from Dr El-Shikh to the GMC enclosing XXX and contact details forms – dated 21 April 2025;
- XXX;
- Emails between the GMC and Ms C – various dates.

### **Submissions**

19. On behalf of the GMC, Ms Hughes rehearsed the background of this case and she submitted that the GMC has been unable to obtain any of the information that the 2024 Tribunal requested of Dr El-Shikh. While he had initially engaged with the requirement for XXX, he was unable to complete the process as he was overseas and asserted issues with his visa status.

20. XXX

21. XXX

22. Ms Hughes submitted that in the GMC's view, Dr El-Shikh's position is no further along than it was at the last hearing and she submitted that accordingly, Dr El-Shikh remained impaired by reason of misconduct, XXX and his convictions.

### **The Relevant Legal Principles**

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

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

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

#### Misconduct

25. The Tribunal first considered whether Dr El-Shikh remains impaired by reason of misconduct.

26. The Tribunal noted that it had received no evidence before it to demonstrate that since the 2024 hearing, Dr El-Shikh had taken any steps to remediate or reflect on his misconduct.

27. The Tribunal reminded itself that at the previous hearing, Dr El-Shikh stated that he does not agree with the initial Tribunal's finding that he was dishonest, and it considered that it does not have any contemporaneous evidence before it to suggest that Dr El-Shikh's position has changed in that regard, nor to provide any evidence of insight or remediation into his misconduct.

28. The Tribunal found that it has no evidence before it to suggest that the position has moved on since the 2024 hearing. It considered that nothing from the list the 2024 Tribunal offered to Dr El-Shikh, of items the reviewing Tribunal may be assisted by, has been provided to it.

29. It therefore determined that Dr El-Shikh remains impaired by reason of his misconduct.

XXX

30. XXX

31. XXX

32. XXX

33. XXX

34. XXX

35. XXX

Conviction

36. The Tribunal considered whether Dr El-Shikh remains impaired by reason of his conviction.

37. The Tribunal considered that it has no evidence before it to demonstrate that Dr El-Shikh has developed any remorse or insight into the matter of his conviction. Therefore, it cannot be satisfied that there is no further risk of repetition in this behaviour.

38. The Tribunal has no evidence before it to prove that Dr El-Shikh XXX and accordingly, it determined that Dr El-Shikh remains impaired by reason of his conviction.

39. This Tribunal has therefore determined that Dr El-Shikh's fitness to practise is impaired by reason of misconduct, XXX and a conviction.

**Determination on Sanction - 14/11/2025**

40. This determination will be read in private. However, as this case concerns Dr El-Shikh's misconduct and conviction, a redacted version will be published at the close of the hearing.

41. Having determined that Dr El-Shikh's fitness to practise is impaired by reason of misconduct, XXX and his conviction, the Tribunal now has to decide in accordance with Rule 22 of the Rules what action, if any, it should take with regard to Dr El-Shikh's registration.

**The Evidence**

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

**Submissions**

43. On behalf of the GMC, Ms Hughes submitted that the appropriate sanction at this stage in Dr El-Shikh's case, is one of a further 12-month period of suspension.

44. Ms Hughes drew the Tribunal's attention to the original finding in this case which was a conviction XXX, dishonesty in Dr El-Shikh's appraisal meeting and failure to notify the GMC in a timely manner. Ms Hughes stressed that this behaviour amounted to serious misconduct.

45. Ms Hughes referred the Tribunal to the relevant paragraphs of the Sanctions Guidance (February 2024) ('SG') and when considering the question of proportionality, Ms Hughes stated that XXX. Ms Hughes submitted that there is simply no evidence before this Tribunal in relation to the doctor's insight, the extent of any remediation or the risk of repetition.

46. Ms Hughes submitted that given the circumstances, suspension remains important in the case of Dr El-Shikh. She concluded by inviting the Tribunal to suspend Dr El-Shikh for a further period of 12 months.

## The Tribunal's Determination

47. The Tribunal's decision as to the appropriate sanction to impose on Dr El-Shikh's registration, if any, is a matter for the Tribunal exercising its independent judgment. In reaching its decision, the Tribunal has taken account of the SG and the overarching objective.

48. The Tribunal had regard to the principle of proportionality, and weighed Dr El-Shikh's interests with those of the public. Throughout its deliberations the Tribunal bore in mind that the purpose of a sanction is not to punish doctors, although a sanction may have a punitive effect. It also took into account the overarching objective which is to protect the health, safety, and wellbeing of the public, maintain public confidence in the profession, and promote and maintain proper professional standards and conduct for the members of the profession.

49. The Tribunal has also borne in mind that in deciding what sanction, if any, to impose, it should consider all of the sanctions available, starting with the least restrictive and then consider each sanction in ascending order.

50. In reaching its decision, the Tribunal had careful regard to XXX. The Tribunal was of the view that due to XXX, Dr El-Shikh has not had the full opportunity to evidence any progress made during the period of suspension, either by way of providing documentary evidence or evidence in person.

### No action

51. In coming to its decisions as to the appropriate sanction, if any to impose in Dr El-Shikh's case, the Tribunal decided that, given the basis on which a finding of impairment has been made, taking no action was not appropriate to ensure patient safety and protect public confidence in the medical profession. The Tribunal decided that the Tribunal has no evidence to show the progress that Dr El-Shikh has made since the November 2024 Tribunal, in terms of XXX, development of insight, evidence of remediation, evidence of CPD or keeping his skills up to date and therefore a risk to the public remained. Taking no action would fail to meet the overarching objective.

### Conditions

52. The Tribunal noted that it has no evidence before it at this hearing to show what, if any, progress was made by Dr El-Shikh before XXX in summer 2025. It considered whether it would be sufficient to impose conditions on Dr El-Shikh's registration. It has borne in mind that any conditions must appropriate, proportionate, workable and measurable. The Tribunal decided that the circumstances in which conditions might be suitable, as set out in the SG at paragraphs 81 to 84 were not met in this case.

53. The Tribunal was of the view that Dr El-Shikh had not taken the opportunities offered to him by the two previous Tribunals to demonstrate XXX, insight and remediation. Therefore, the Tribunal was not satisfied that workable conditions could be identified which would be sufficient to meet the overarching objective.

### Suspension

54. The Tribunal then considered whether to accept the GMC's submission, that a further period of suspension was the most appropriate sanction to ensure patient safety and maintain the public's confidence in the medical profession.

55. The Tribunal reminded itself that previously, there was a risk of repetition identified in Dr El-Shikh's case. This was due to his apparent inability and/or unwillingness to XXX, to fully develop insight into his conduct, to demonstrate remediation and to evidence that his knowledge and skills are sufficiently up to date to return safely to practice.

56. The Tribunal noted the current position of Dr El-Shikh, XXX. It therefore took the view that in fairness to Dr El-Shikh, that he has not had a full opportunity to demonstrate insight and remediate the concerns about his practice.

57. The Tribunal considered paragraph 97 of the SG. It noted that several of the factors concerning the suitability of suspension were applicable in this case:

*97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*

*a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.*

...

XXX

...

*e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.*

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

*g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour*

58. Given XXX, the Tribunal was of the opinion that Dr El-Shikh should be given a further chance to remediate matters and develop his insight. Therefore, the Tribunal has determined to impose a further period of suspension.

59. The Tribunal considered that this is necessary in order to protect patients, to uphold public confidence in the medical profession and to promote proper professional standards. It was also of the view that a period of further suspension was the most proportionate at this stage in Dr El-Shikh's case, given the new circumstances in relation to XXX. The Tribunal did not consider it appropriate at this stage to erase Dr El-Shikh's name from the medical register, given XXX had resulted in an inability to use the full previous 12-month suspension period to evidence the progress made since his last hearing.

### Review

60. This Tribunal has determined to direct a review of Dr El-Shikh's case. A review hearing will convene shortly before the end of the new period of suspension. The Tribunal wishes to clarify that at the next review hearing, the onus will be on Dr El-Shikh to demonstrate how he has remediated and developed insight.

61. It therefore would be important for the reviewing Tribunal to receive the following information from Dr El-Shikh:

- XXX;
- Written reflections on the circumstances of his case and the learnings and insight he has gained, demonstrating his insight into the gravity of the misconduct found and its impact (particularly in regard to the public, patients and members of the profession);
- Evidence of CPD (Continuous Professional Development) undertaken, particularly in relation to probity, and any reflections he has made on these;
- Evidence of the remediation he has undertaken;
- Evidence that he has kept his clinical knowledge and skills up to date;
- Any other information that he considers will assist the reviewing Tribunal.

62. The Tribunal has determined to suspend Dr El-Shikh's registration from the Medical Register for a further period of 12-months.

63. The MPTS will send Dr El-Shikh a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current order of suspension will remain in place during the appeal period.

64. This concludes the case.

ANNEX A – 14/11/2025

### Application on Service and Proceeding in Absence

#### Service

65. Dr El-Shikh was not present or represented at this Medical Practitioners Tribunal ('MPT') hearing. The Tribunal therefore considered whether the relevant documents had been served in accordance with Rules 20 and 40 of the General Medical Council ('GMC') Fitness to Practise Rules 2004 ('the Rules').

66. Ms Kathryn Hughes, Counsel, on behalf of the GMC, drew the Tribunal's attention to various documents regarding service of the notice of hearing. These included:

- Screenshots of Dr El-Shikh's FPD registered address and validated email address;
- GMC email chain including the email response on behalf of Dr El-Shikh to the GMC email, dated 3 October 2025 attaching the GMC information letter and the draft hearing bundle;
- MPTS email chain to Dr El-Shikh, dated 6 October 2025 enclosing the Notice of Hearing;
- Email chain on behalf of Dr El-Shikh and the MPTS dated 22 October 2025 explaining Dr El-Shikh's current status.

67. Ms Hughes submitted that service had been effected in accordance with Rule 40 of the Rules by reason of the documents set out within the service bundle.

68. The Tribunal had regard to the documents before it and the submissions made by Ms Hughes. It was satisfied that notice of this hearing has been served in accordance with Rule 40 of the Rules.

#### Proceeding in Absence

69. Having been satisfied that notice was properly served upon Dr El-Shikh, the Tribunal then considered whether to proceed with this hearing in his absence, in accordance with Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.

Submissions

70. Ms Hughes invited the Tribunal to proceed in the absence of Dr El-Shikh, pursuant to Rule 31 of the Rules. She submitted that the documentary evidence contained within the service bundle demonstrated that Dr El-Shikh could not attend these proceedings and had not sought an adjournment or postponement.

71. XXX

72. Ms Hughes submitted that in these circumstances, the Tribunal ought to proceed in absence of Dr El-Shikh, pursuant to Rule 31 of the Rules.

**The Tribunal's Determination**

73. In reaching its decision, the Tribunal considered the submissions made on behalf of the GMC and the evidence before it, as set out above.

74. The Tribunal considered that although there had not been any formal adjournment request, Ms C had asked the Tribunal to either cancel the hearing entirely, or postpone it.

75. It took care in reaching its determination, given that Dr El-Shikh had previously participated in the hearings and while he had not engaged in providing any up-to-date evidence, XXX.

76. XXX

77. The Tribunal has balanced Dr El-Shikh's interests with the public interest in deciding whether to proceed in his absence. The Tribunal was satisfied that Dr El-Shikh could not attend these proceedings. The Tribunal was fully cognisant of its duty to ensure the fairness of the proceedings, and concluded that proceeding in the doctor's absence would not give rise to unfairness to him. The Tribunal also considered that it was in the public interest that the hearing proceeded in a timely manner, without delay.

78. Having considered all the circumstances, the Tribunal determined that it was fair and reasonable to proceed in Dr El-Shikh's absence in accordance with Rule 31 of the Rules.