

PUBLIC RECORD**Dates:** 20/03/2025**Doctor:**

Dr Muhammad MALIK

GMC reference number:

7496711

Primary medical qualification:

MB ChB 2015 University of Bristol

Type of case**Outcome on impairment**

Review - Misconduct

Not Impaired

Summary of outcome

Conditions revoked

Tribunal:

Legally Qualified Chair	Mr Stephen Killen
Registrant Tribunal Member:	Mr John Hayward
Registrant Tribunal Member:	Dr Nigel Langford

Tribunal Clerk:	Mrs Anne Bhatti
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Tom Day, Counsel, instructed by Esme Smyth of Medical Protection
GMC Representative:	Ms Emma Gilsenan, 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 - 20/03/2025

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

Background

2. Dr Malik qualified with MB ChB from the University of Bristol in 2015. At the time of the Medical Practitioners Tribunal hearing which took place in March 2024 ('2024 Tribunal'), he was in his fourth year as a Specialty Trainee Registrar in General Surgery employed by St Helens' and Knowsley Teaching Hospitals NHS Trust and undertaking a Colorectal Surgery rotation.
3. Dr Malik admitted and the 2024 Tribunal found proved that, as part of his revalidation process in 2022, whilst employed by Stockport NHS Foundation Trust ('the Trust'), Dr Malik submitted 18 Patient Feedback Questionnaires, and one or more of the forms had been falsified. Dr Malik admitted and the Tribunal found it proved that Dr Malik knew that one or more of the questionnaires had been falsified and that his actions were dishonest.
4. The manner in which these events came to the attention of the GMC was that, following submission of the forms, the Appraisal and Revalidation Coordinator at the Trust was informed by an Assessment Services Coordinator that some of the scores in Dr Malik's 360 feedback forms looked similar in the way they were written, which had raised suspicion. She referred the matter to Dr A, Executive Medical Director and Responsible Officer of Stockport NHS Foundation Trust. Dr A had a meeting with Dr Malik on 30 May

2022 to discuss the concerns which had been raised and during the meeting Dr Malik admitted that he had completed several of the forms himself.

5. The concerns came to the attention of the GMC, following a referral from Dr A on 18 July 2022.

2024 Tribunal

Impairment

6. The 2024 Tribunal was satisfied that the facts which were admitted and found proved in this case amounted to serious misconduct. Dr Malik had falsified in the region of ten Patient Feedback Questionnaire forms in which he gave himself high ratings. He did this with the intention of subverting the revalidation process as he had left himself with insufficient time to complete the process properly and felt under pressure to return them, given that the process had been deferred once before in July 2021.
7. The Tribunal considered that his actions undermined the revalidation process and the public's trust in him as a doctor. It was an act of dishonesty that also undermined the trust placed in doctors by the Trust to complete the process accurately and honestly. Further, by involving a colleague in the countersigning of the forms, Dr Malik placed that colleague in a difficult and compromising position by asking them to sign a declaration form approving the falsified patient feedback forms. In addition, he made plans to meet his appraiser to discuss reflections on the fabricated patient feedback but fortunately the meeting did not go ahead because the appraiser was busy. The process of seeking genuine patient feedback was designed to protect patients and Dr Malik dishonestly undermined it, for his own personal career motives. Dr Malik's actions would be considered deplorable by fellow practitioners and members of the public. Although Dr Malik had apologised for his actions and expressed remorse, he had not apologised to the junior colleague.
8. In terms of remediation, the 2024 Tribunal considered that Dr Malik had taken significant steps to reflect, gain insight and remediate his misconduct. It considered that the risk of repetition was low. Dr Malik had shown remorse and apologised repeatedly for his actions.

9. The 2024 Tribunal determined that Dr Malik had brought the profession into disrepute, had breached a fundamental tenet of the profession and had acted dishonestly. It concluded that Dr Malik's fitness to practise was impaired by reason of his misconduct. It considered that a finding of impairment was necessary to promote and maintain public confidence in the medical profession and promote and maintain proper professional standards and conduct for the members of the profession.

Sanction

10. The 2024 Tribunal determined that conditions would be appropriate and proportionate in the circumstances of Dr Malik's case. It was of the view that the impact of suspension in the context of this case would be overly punitive and disproportionate, given that there was a real risk that Dr Malik would have his training number removed and would be unable to complete his specialty training. The Tribunal had regard to the overarching objective and determined that an order of conditions was sufficient to promote and maintain public confidence in the medical profession and promote and maintain proper professional standards and conduct for the members of the profession.
11. The 2024 Tribunal was satisfied that conditions for a period of 12 months would sufficiently mark the seriousness of the misconduct. It determined to direct a review of Dr Malik's case. The 2024 Tribunal stated in their determination that it may assist the reviewing Tribunal if Dr Malik provided:
 - A copy of his personal development plan;
 - Evidence of any further reflections or remediation;
 - Case based discussions on ethical challenges encountered;
 - A report from his mentor and/or an update from the practitioner health programme;
 - Recent patient feedback forms;
 - Most recent Annual Review of Competency Progression ('ARCP'); and
 - Anything else Dr Malik believes will assist.

Today's Tribunal

The Evidence

12. The Tribunal has taken into account all of the evidence received. The documentary evidence adduced included, but was not limited to, the following:
 - Record of determination dated 21 March 2024;
 - Correspondence between Dr Malik and GMC various dates;
 - Dr Malik's workplace report dated 8 May 2024;
 - Dr Malik's educational supervisor report dated 8 May 2024;
 - Dr Malik's Personal Development plan dated 17 July 2024; and
 - Dr Malik's workplace/educational supervisor report dated 28 February 2025.
13. Dr Malik also provided general reflections, course certificates and specific reflections on courses he attended. He provided patient feedback forms and testimonials, and evidence of continued professional development ('CPD').
14. Dr Malik did not give oral evidence at today's hearing.

Submissions

On behalf of the GMC

15. On behalf of the GMC, Ms Gilsenan, counsel submitted that the GMC is neutral on the issue of whether Dr Malik's fitness to practise remains impaired. She submitted that Dr Malik had submitted significant evidence in all areas requested by the 2024 Tribunal and it may be considered that he has sufficiently addressed all the concerns regarding insight and remediation. She referred the Tribunal to relevant case law. She submitted that Dr Malik appears to have fully appreciated the gravity of his misconduct, he has not repeated the misconduct and he has kept his skills and knowledge up to date. Ms Gilsenan submitted that there was no suggestion that patients would be placed at risk by Dr Malik's resumption of unrestricted practise.
16. Ms Gilsenan submitted that, if Dr Malik's fitness to practise were found by the Tribunal to not be impaired, the GMC considers that the current order of conditional registration could be revoked with immediate effect.

On behalf of Dr Malik

17. Mr Day, counsel on behalf of Dr Malik, submitted that Dr Malik's fitness to practise is no longer impaired and that the order of conditional registration should be revoked with immediate effect.
18. Mr Day submitted that Dr Malik has thrown himself completely into remediating his conduct and has approached these proceeding in an '*open fashion*', genuinely determined to learn and improve. He has done that in terms of his remediation and insight, through one of the most difficult periods of his life, not only professionally being in a crucial period of his specialty training, but also with some pressures in his personal life.
19. Mr Day referred the Tribunal to the recent warning Dr Malik had received and explained the circumstances in which that came to be issued by the GMC although it was not presented by the GMC and was not part of their submission.
20. Mr Day submitted that public confidence had been maintained by the imposition of the order of conditions. This had been advanced and enhanced by Dr Malik's compliance with the order of conditional registration, by the development of further insight, by the fact that Dr Malik had shown through his conduct that he had genuinely learned the error of his ways and, going forward, the consequence of these proceedings is that Dr Malik is a better doctor than he was beforehand. He will pass on his learning and experience of the regulatory process to other doctors.
21. Mr Day submitted that for all these reasons the public interest had been satisfied, that the risk of repetition was exceedingly low, and with Dr Malik's development of complete insight and reflection, the evidence would suggest that Dr Malik's fitness to practise is no longer impaired.

The Relevant Legal Principles

22. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone, and it is for the doctor to satisfy the Tribunal that he is fit and safe to return to unrestricted practise.

23. This Tribunal must determine whether Dr Malik's fitness to practise is impaired today, taking into account his conduct at the time of the events giving rise to this case, and any relevant factors since then such as whether the matters are remediable, whether they have been remedied and the likelihood of repetition.

The Tribunal's Determination on Impairment

24. The Tribunal agreed with the 2024 Tribunal that Dr Malik's misconduct is remediable and proceeded to consider those steps he has taken towards remediation. Having reviewed the available evidence, the Tribunal concluded that Dr Malik has undertaken significant steps to remediate his misconduct, which includes providing detailed and ongoing written reflections, and attending several courses on probity, again with reflections given. Dr Malik has provided evidence of relevant CPD and also reflections on his learning.
25. The courses and learning which Dr Malik has undertaken included:
 - patient feedback;
 - how to ensure similar mistakes or misconduct will not be repeated;
 - probity and ethics;
 - time management;
 - professionalism and professional standards;
 - honesty and integrity;
 - communication;
 - appraisal and revalidation;
 - GMC process;
 - duty of candour;
 - power imbalance in clinical placements;
 - learning from experience;
 - role modelling;
 - openness and honesty when things go wrong; and
 - reflections on recent patient feedback.
26. Dr Malik had also provided a mentor report dated 12 February 2025 and a report from his Training Programme Director dated 13 February 2025. Both reports provided positive comments regarding Dr Malik.

27. The Tribunal noted the following from Dr Malik's reflections, which it considered demonstrates that he has reflected on his misconduct and acknowledged the seriousness of his actions:

'The first learning point for me was acknowledging and accepting what I did was completely wrong and being open and honest. Furthermore, I have also understood the seriousness of my mistake and the wider implications this may have. For example, if patients cannot trust healthcare professionals, they may not come forward to seek help which may ultimately lead to patient harm. To put my learning into my everyday practice, I always aim to form good relations with patients and act in their best interests to uphold their trust in the medical profession. This is done by listening to my patients, communicating with them in a way they understand and answering any concerns. Another learning point from the course is the use of continuing reflection to ensure a similar mistake is never repeated. Having reflected on my mistake, there have been several key learning points which have come to light. The main learning point for me was the need for better organisation and prioritisation of tasks/deadlines. To bring this into practice I regularly review my surgical curriculum deadlines and keep them under monthly review. Another key learning point was to ask for help when in a stressful situation, I have learned no matter how bad something may seem, help is always available. This point was reinforced in my meetings with my supervisors and when discussing openly with them about my mistake. I wish I had realised this at the time.'

28. The Tribunal was also satisfied that Dr Malik has identified mechanisms which will assist him in managing stressful situations and managing his time:

*'Ensuring mechanisms are in place to avoid repetition is also a good way to make sure a similar mistake does not get repeated. For me these are some of the following:
1) Being more organised- I have deadlines which I keep under constant review by having excel spreadsheets to make sure I am on top of my surgical portfolio, curriculum and pending deadlines
2) Asking for help early if in a difficult situation- I regularly involve my consultants during my on-call shifts for clinical queries and whilst operating. I also understand help is available for non-clinical matters if needed, and I must use this.
3) Having a healthy work-life balance, enjoying leisure and family time to reset my mindset and return to work fully switched on.'*

29. The Tribunal was satisfied that Dr Malik has reflected on the impact of his actions on colleagues, the profession and others. For example, in his reflective statement, Dr Malik stated:

'One of the biggest learning points has been to acknowledge the wider impact of my actions which I failed to realise at the time. This includes the potential for breakdown of the trust patients have in doctors, undermining the appraisal process and importance of feedback as a learning tool for self-development and improvement, the impact on my colleague and the appraisal team and the impact on those close to me. I am now much more considered in my thought process and think about the potential impact on others. I now know not to rush to a decision and ask for help when needed and not to handle things on my own.'

30. The Tribunal was satisfied that Dr Malik has reflected on probity and how honesty is a fundamental tenet of the medical profession. For example, the Tribunal noted from his reflective statement the following:

'Probity is at the heart of the medical profession and the trust the public place in doctors is a great responsibility. I have taken actions to make sure this trust is protected by showing I am a caring doctor who is open and honest. Over the last year I have had several situations where I have had to have difficult discussions with patient/families when things have not gone to plan. For example, I had to tell a patient/their parents about a drug prescription error (made by another team member). I had to tell a colleague I could not review her daughter's test results for her to maintain patient confidentiality and because I considered it was not appropriate for me to do so. I also had to explain intraoperative findings to a patient when an operation deviated from its course, although the patient did not come to any harm. These were all difficult conversations and not what the patient/family/colleague wanted to hear. However, I had Good Medical Practice in mind and always ensured full openness and transparency in what I said.'

...

A key aspect of my insight has been to acknowledge the impact on others, this is very important as I believe that had I thought about the negative impact and consequences on others at the time, I would not have done what I did. In particular, it did not occur to me that being dishonest represents a breaching of the trust expected of me, and placed in me by patients. Furthermore, I did not recognise the seriousness of my

conduct at the time. I now realise how serious dishonesty is. There is no excuse for it. I remain extremely disappointed in myself and feel ashamed of my actions.

...

This module on insight has allowed me to revisit and analyse my understanding of the concept of insight. It has also reinforced to me why insight is important, adding to my learning. Ultimately, I can see how vitally important it is to have insight into my conduct and the key driver from which I can improve and grow. I can see how insight is directly related to keeping patients safe and ensuring patients have trust in the profession. I fully understand the GMC's role in trying to protect, promote and maintain the health and safety of the public as well as public confidence in the profession. My actions went against these principles, for which I am very sorry. However, I do believe I have developed genuine insight around my conduct and that I have been able to develop robust mechanisms to make sure it never happens again.'

31. The Tribunal noted the positive colleague feedback which had been provided by Dr Malik which stated:

'He is an excellent role model, both performing well clinically and being a pleasure to work [with]...'

'Dr Malik is on his way to becoming an excellent surgeon who would be an asset to any hospital'

'Dr Malik ensure to be accessible and approachable for junior doctors. I feel comfortable discussing patients or the workplace with him on a daily basis without judgement.'

32. Taking into account the available evidence, the Tribunal concluded that Dr Malik has fully understood the requirements of GMP and knows what is expected of him in terms of probity and honest conduct. The Tribunal considered that Dr Malik has addressed his dishonest misconduct in an open and transparent way.
33. The Tribunal considered that Dr Malik's reflections are sincere, and he has expressed genuine regret, remorse and shame. He has apologised for his actions and has apologised to the staff member whom he involved. The Tribunal considered that Dr Malik has shown determination to engage with the regulatory process, to address his dishonest

misconduct and to adhere to the high standards expected of him in the future. Overall, the Tribunal concluded that Dr Malik had provided extensive remediation and now had full insight into the misconduct.

34. Dr Malik has not repeated the misconduct and, taking into account its conclusions outlined above, the Tribunal considered that it is highly unlikely that he will repeat his misconduct.
35. The Tribunal noted that Dr Malik has provided evidence of each of those matters which the 2024 Tribunal recommended, and none of the evidence presented caused a concern.
36. With regard to the warning which was issued, taking into account Mr Day's explanation of the pertaining circumstances, which was not challenged by Ms Gilsenan, and accepted by the Tribunal, the Tribunal did not consider that any weight should be attached to this matter in the context of its assessment of fitness to practise today.
37. Overall, taking all available evidence into account, the Tribunal was satisfied that Dr Malik's fitness to practise is no longer impaired. It was satisfied that he has fully remediated and has gained full insight into his dishonest misconduct. The Tribunal considered that the overarching objective has been satisfied and a finding of current impairment would serve no useful purpose and be punitive. Further, the public would be deprived of an otherwise able and competent doctor.
38. The Tribunal noted that both Dr Malik and his supervisors had commented on the impact of his conditional registration on Dr Malik's training program and the fact that he is slightly behind on his portfolio and case numbers as a result of the current restrictions.
39. Taking into account the submissions of the parties, to include those of Ms Gilsenan in which she confirmed that the GMC consider it appropriate to conclude the conditional registration early if the Tribunal were to find no current impairment, the Tribunal determined that no useful purpose would be served by Dr Malik continuing to be subject to his current order of conditions for the next number of weeks. It considered it appropriate that the current order be revoked with immediate effect. The Tribunal considered that the seriousness of Dr Malik's misconduct has been marked and he has been subject to the order of conditions for almost its entire term.

**Record of Determinations –
Medical Practitioners Tribunal**

40. The Tribunal therefore determined that it would revoke with immediate effect the conditions of practice order for the remainder of the current period of conditional registration pursuant to section 35D(12)(d) Medical Act 1983.