PUBLIC RECORD

Dates: 19/02/2025 - 04/03/2025; 01/07/2025 - 03/07/2025; 19/08/2025 - 20/08/2025

Doctor:	Dr Amy ESKANDER
GMC reference number:	7034527
Primary medical qualification:	MB ChB 2003 University of Alexandria

Type of case	Outcome on facts	Outcome on impairment
New - Conviction	Facts relevant to impairment found proved	Impaired
New - Misconduct	Facts relevant to impairment found proved	Impaired

Summary of outcome

Suspension, 12 months
Review hearing directed

Tribunal:

Legally Qualified Chair:	Mrs Helen Potts
Lay Tribunal Member:	Mr Keith Moore
Registrant Tribunal Member:	Dr Carol Roberts

Tribunal Clerk:	Miss Emma Saunders

Attendance and Representation:

Doctor:	Present, represented (19/02/2025 - 04/03/2025) Present, not represented (01/07/2025 - 03/07/2025, 19/08/2025 - 20/08/2025)
Doctor's Representative:	Mr Patrick Cassidy, Counsel, instructed by BMA Law (19/02/2025 - 04/03/2025)
GMC Representative:	Mr Ian Brook, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held partly in public and partly 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 Facts - 04/03/2025

Background

1. Dr Eskander was awarded her Bachelor of Medicine and Surgery qualification in 2003 from the University of Alexandria, Egypt. She came to the United Kingdom in 2009, where she completed the GMC Professional and Linguistic Assessments Board exam and was fully registered with the GMC in June 2010. She completed her Foundation training in August 2012; she was awarded membership of the Royal College of Physicians in March 2016 and completed her core medical training in December 2016.

2. After a period in non-training posts, in August 2019 Dr Eskander commenced specialty training in the Health Education England Southwest (HEE SW) as an ST3 in neurology. From August 2020, she elected to spend a year 'out of programme' as a Clinical Teaching Fellow and Honorary Lecturer in Neurology at St George's, London. In October 2020 she commenced a Postgraduate Certificate in Healthcare and Biomedical Education (PGCert HBE) as part of her fellowship year. Dr Eskander returned to HEE SW as an ST4 in August 2021, and in December 2021 applied to Health Education England Thames Valley ('HEE Thames Valley') for a training post in neurology. The HEE Thames Valley local office is responsible for managing recruitment for neurology specialty training on behalf of all HEE regions. In April 2022 she was offered a place in the HEE London region which she took up in August 2022. She is currently an ST7 at King's College Hospital.

3. The allegations that have led to Dr Eskander's hearing relate to a criminal conviction for the unlawful eviction in September 2020 of the occupier of a property owned by her, and to alleged misconduct, including allegations of dishonesty. The alleged misconduct relates to: the submission of an academic assignment, which was not her own work; and to failures to

make appropriate disclosures in an application for a training post in December 2021 and in Form Rs submitted as part of the Annual Review of Competency Progression (ARCP) in June 2021 and July 2022.

4. It is alleged by the General Medical Council (GMC) that, on or around 17 June 2021 and 14 July 2022, Dr Eskander submitted Form Rs as part of the ARCP process and failed to disclose in either form that she was involved in legal proceedings in respect of an alleged offence. The GMC alleges that her failure to disclose the legal proceedings was dishonest.

5. It is also alleged by the GMC that, on 20 October 2021 whilst studying for a PGCert HBE at St George's, University of London ('the University'), Dr Eskander submitted an assignment as her own work when it was predominantly the work of a colleague (Dr A). Further, it is alleged that, when she later applied to HEE Thames Valley for a neurology training post, she failed to disclose either that she was involved in legal proceedings or that the University had raised allegations of assessment irregularity. It is alleged by the GMC that Dr Eskander's actions were dishonest.

6. It is further alleged by the GMC that, on 19 August 2022 at Warwick Crown Court, Dr Eskander was convicted of unlawfully evicting an occupier and, on 8 December 2022, she was fined £2000 and ordered to pay compensation of £3600.

7. HEE SW became aware of Dr Eskander's legal proceedings, following reporting by a local news outlet, The Leamington Observer, in August 2021. It was reported that she had unlawfully evicted the tenant of a property she owned, during the Covid pandemic. HEE SW raised the concern with Mr C, Director of Medical Education at the Royal Devon and Exeter Hospital (where Dr Eskander was training at the time). There was then agreement that Dr Eskander would share the issue of the legal proceedings with her educational supervisor, Dr D.

8. The alleged plagiarism matter was raised with HEE SW via correspondence from the Conduct and Compliance Officer at the University on 10 December 2021. The email advised that there had been an investigation as the majority of a PGCert HBE assignment ('the Assignment') submitted by Dr Eskander had been plagiarised. It stated that Dr Eskander was given a formal written admonishment and a formal written warning by the University.

9. On 3 September 2022 the GMC was provided with a news article with the title: *"Kenilworth landlord and NHS doctor found guilty of illegal eviction"*. On 20 October 2022,

Dr Eskander emailed the GMC to inform them of the court case in respect of Mr B. She stated that the Council had prosecuted her, and she had been found guilty of illegally evicting a tenant. Dr Eskander stated in the notification email that she had been upfront about this with her supervisor.

The Outcome of Applications made during the Facts Stage

10. The Tribunal agreed, in accordance with Rule 41 of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), that parts of this hearing should be heard in private where the matters under consideration are confidential, namely where they involve XXX. As such, this determination will be read in private, but a redacted version will be published following the conclusion of this hearing, with those matters relating to XXX removed.

11. The Tribunal granted Dr Eskander's application, made pursuant to Rule 34(13) and (14) of the Rules, that Dr D, could give evidence by video link rather than attend the hearing in person. The Tribunal noted that it had been agreed, at the case management stage, that the GMC witnesses were to give evidence by video link and the Tribunal concluded that there was no injustice in this witness giving evidence in the same manner, having regard to his work commitments.

12. Mr Cassidy, Counsel on behalf of Dr Eskander, was unable to attend the hearing for XXX on 24 and 25 February 2025. On 26 February 2025 Mr Cassidy appeared virtually with the agreement of the Tribunal, before returning to the MPTS hearing centre on 27 February 2025.

The Allegation and the Doctor's Response

13. The Allegation made against Dr Eskander is as follows:

That being registered under the Medical Act 1983 (as amended):

ARCP 1

1. On or around 17 June 2021 you submitted Form R (Part B) ('Form R1') as part of the Annual Review of Competency Progression ('ARCP'), and you failed to disclose that you had a new matter to declare, namely you were involved in legal proceedings in respect of an alleged offence, in that on 18 September 2020 you unlawfully deprived Mr B of his residential occupation of premises, contrary to section 1(2) of the Protection from Eviction Act 1977 ('the Alleged Offence').

Admitted and found proved

Assessment irregularity

2. On 20 October 2021, whilst studying for the Postgraduate Certificate in Healthcare and Biomedical Education at St George's, University of London ('the University'), you submitted as your own work an assignment titled "Reflective Analysis of Assessment and Feedback" ('the Assignment').
Admitted and found proved

3. When you submitted the Assignment, you knew that it was not your own work as it was predominantly the work of Dr A.
Admitted and found proved

4. On 9 November 2021, the University put to you allegations of assessment irregularity in relation to the matters described in paragraphs 2-3.
Admitted and found proved

Application for training post

5. On 9 December 2021 you submitted an application for a training post to Health Education England Thames Valley ('the Application') and, within the Application, you failed to disclose that:

a. you were involved in legal proceedings in respect of the Alleged Offence;
To be determined

b. the University had put to you allegations of assessment irregularity, as described at paragraph 4, which you had admitted.
Admitted and found proved

ARCP 2

6. On or around 14 July 2022 you submitted Form R (Part B) of the ARCP ('Form R2'), dated 3 July 2022, and you failed to declare that you were involved in legal proceedings in respect of the Alleged Offence.
Admitted and found proved

7. You knew:

a. you were involved in legal proceedings in respect of the Alleged Offence when you submitted:

i. Form R1
Admitted and found proved

ii. the Application;
Admitted and found proved

iii. Form R2;
Admitted and found proved

b. the University had put to you allegations of assessment irregularity, as described in paragraph 4, when you submitted the Application.
Admitted and found proved

8. Your actions as described at:

a. paragraph 1 were dishonest by reason of paragraph 7ai;
To be determined

b. paragraph 2 were dishonest by reason of paragraph 3;
Admitted and found proved

c. paragraph 5a were dishonest by reason of paragraph 7aii;
To be determined

d. paragraph 5b were dishonest by reason of paragraph 7b;
To be determined

e. paragraph 6 were dishonest by reason of paragraph 7aiii.
To be determined

Conviction

9. On 19 August 2022 at Warwick Crown Court you were convicted of unlawfully evicting an occupier.
Admitted and found proved

10. On 8 December 2022 you were:

a. fined £2,000;
Admitted and found proved

b. ordered to pay compensation to Mr B of £3,600.
Admitted and found proved

And that by reason of the matters set out above your fitness to practise is impaired because of your:

a. misconduct in respect of paragraphs 1-8;
To be determined

b. conviction in respect of paragraphs 9-10.
To be determined

The Admitted Facts

14. At the outset of these proceedings, through her counsel, Mr Cassidy, Dr Eskander made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of 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.

15. The Tribunal reminded itself that under Rule 34(3) of the Rules, the production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom that a person has been convicted of a criminal offence, shall be conclusive evidence of the offence committed. The Tribunal therefore treated the Certificate of Conviction from Warwick Crown Court dated 21 December 2022 as conclusive evidence of the matters alleged at paragraphs 9 and 10 of the Allegation.

The Facts to be Determined

16. In light of Dr Eskander's response to the Allegation made against her, the Tribunal is required to determine, in terms of paragraph 5(a), whether, on 9 December 2021, Dr Eskander submitted the Application and failed to disclose that she was involved in legal proceedings in respect of the Alleged Offence. The Tribunal is also required to determine paragraphs 8(a), (c), (d), and (e) of the Allegation, as to whether Dr Eskander's actions in the respects set out in those sub-paragraphs were dishonest.

Witness Evidence

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

- Dr F, Deputy Postgraduate Dean at HEE SW, who gave evidence in person by video link on 19 February 2025. His witness statement was dated 19 May 2023; and

- Ms H, an Education Programme Team Manager at HEE Thames Valley, who gave evidence in person by video link on 20 February 2025. Her witness statement was dated 7 September 2023.

18. The Tribunal also received evidence on behalf of the GMC in the form of a witness statement from Dr G, a Reader in Higher Education Practice and Development at the University and Course Director of the PGCert HBE course, who was not called to give oral evidence. Her witness statement was dated 23 May 2023.

19. Dr Eskander provided her own witness statement dated 17 February 2025 and also gave oral evidence at the hearing on 20, 21 and 26 February 2025.

20. In addition, the Tribunal received evidence from a witness on Dr Eskander's behalf, Dr D. He was Dr Eskander's Educational Supervisor when she was attached to the Royal Devon and Exeter University Healthcare NHS Hospital from 4 August 2021 to 1 August 2022. Dr D gave evidence in person by video link on 26 February 2025. His witness statement was dated 5 February 2025.

Documentary Evidence

21. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included, but was not limited to, the following:

- Summons from Coventry Magistrates' Court to Dr Eskander, dated 11 March 2021;
- Letter from Warwick District Council to Dr Eskander, dated 12 March 2021;
- A letter from Dr Eskander's previous legal representatives (XXX) to Coventry Magistrates Court, dated 11 May 2021;
- A letter from Dr Eskander's previous legal representatives (XXX) to the Planning & Litigation team at Warwickshire Council, dated 3 May 2022;
- News articles from the Kenilworth Nub News and Warwick District Council News dated 2 September 2022 and 20 December 2022;
- Certificate of Conviction from Warwick Crown Court, dated 21 December 2022;
- Dr Eskander's ARCP Form R (Part B) dated 17 June 2021;
- Dr Eskander's 'Assignment 2D: Reflective Analysis of Assessment and Feedback' ('*the Assignment'*) submitted on 4 November 2021;
- 'Referral of assessment irregularity under Paragraph 2 of the Procedure for Considering Allegations of Assessment Irregularity' in relation to the Assignment;

- Turnitin analysis of Dr Eskander's assignment submission;
- Various correspondence from St George's University of London, including their procedure for considering allegations of assessment irregularity 2021-22, and correspondence from the Student Conduct and Compliance Officer;
- Dr Eskander's application for specialist neurology training submitted to HEE Thames Valley on 9 December 2021;
- Email exchanges between Dr F and Dr Eskander, including Dr F's record of a meeting with Dr Eskander on 23 December 2021;
- Dr Eskander's written reflections following meetings with Dr I on 20 December 2021 and Dr F on 23 December 2021, dated 31 December 2021;
- Dr Eskander's ARCP Form R (Part B) dated 3 July 2022;
- Three written testimonials on behalf of Dr Eskander.

The Tribunal's Approach

Burden and Standard of Proof

22. 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 Eskander 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.

Evidence

23. The LQC advised that the Tribunal must form its own judgement about the credibility of witnesses, and which evidence is reliable, and which is not. Where there are conflicts in the evidence of witnesses, the Tribunal will need to resolve those conflicts. The Tribunal should not simply prefer one account over the other. It should first assess whether the GMC has discharged the burden of proof.

24. The LQC reminded the Tribunal of the case of *Dutta v GMC* [2020] EWHC 1974 (Admin) in which it was said that Tribunals should not assess a witness's credibility exclusively on their demeanour when giving evidence. The Tribunal should instead test the credibility and veracity of a witness by reference to objective facts proved independently in the evidence, in particular by reference to the documents in the case. The LQC advised that it was open to the Tribunal not to rule out the whole of a witness's evidence based on credibility.

25. The LQC said that the Tribunal should bear in mind, when considering the evidence of witnesses, the extent to which the passage of time may have affected a witness's memory and should make due allowance for the way in which the passage of time may have created difficulties for witnesses in remembering things. She advised that an honest witness can be mistaken, and a mistaken witness is not necessarily wrong about every fact.

Failures

26. The LQC stated that, where a failure is alleged, it must be a culpable failure; it must be blameworthy. The Tribunal must be satisfied before it makes a finding of culpable failure that, at the material time, Dr Eskander was under an obligation to take a particular course of action but that she did not do so.

Dishonesty

27. The LQC reminded the Tribunal of the case of *Ivey v Genting Casinos (UK) Ltd Trading as Crockfords* [2017] UKSC 67, which sets out how the Tribunal should address the question of dishonesty.

> 1. The Tribunal must first ascertain (subjectively) the state of the individual's knowledge or belief as to the facts. The reasonableness of the belief is a matter of evidence going to whether she genuinely held the belief, but it is not a requirement that the belief must be reasonable.
>
> 2. Secondly, the Tribunal must then consider whether that conduct was dishonest by the (objective) standards of ordinary and honest people. There is no requirement that the individual must appreciate that what they have done was, by those standards, dishonest.

28. The LQC advised that, when considering the test for dishonesty in *Ivey,* the objective standards of ordinary and honest people must involve the expectation that registered professionals will have at least some regard to the professional standards under which they are required to operate, pursuant to a system of regulation that is designed to protect the public.

29. The LQC said that an allegation of dishonesty against a professional person is a serious allegation and should not be found to be established against anyone, in particular someone who has not been shown to have been dishonest in the past, save on solid grounds.

Inferences

30. The LQC advised that the Tribunal is entitled to draw inferences from the evidence it has read and heard, but it must not speculate. If it feels that it is proper, it can draw an inference provided that there is an evidential basis for doing so. The LQC reminded the Tribunal of the case of *Soni v GMC* [2015] EWHC 364 (Admin), which was a case involving dishonesty, in which it was said that "*before an inference could properly be drawn, the [Tribunal] had to be able safely to exclude, as less than probable, other possible explanations for Mr Soni's conduct*".

Cross Admissibility/Propensity

31. Mr Brook, Counsel on behalf of the GMC, submitted that Dr Eskander has admitted dishonesty in relation to the plagiarism and that the Tribunal should take that into account in considering whether she has a tendency or propensity to act dishonestly.

32. Mr Cassidy said in response that it was a '*stretching of the language*' to describe a single incident of dishonesty as amounting to a propensity to act dishonestly. He reminded the Tribunal that Dr Eskander had admitted dishonesty in relation to the plagiarism only. He reminded the Tribunal of the case of *R v Hanson* [2005] EWCA Crim 824 and said that, given the singular nature of the GMC's reliance on plagiarism and having regard to the full circumstances, the Tribunal ought to exclude propensity from its consideration entirely. Mr Brook disagreed and submitted that the principles remained relevant, while accepting that *Hanson* was a case involving bad character in a criminal setting, which was the current case was not.

33. The LQC reminded the Tribunal that Dr Eskander has a conviction which forms one of the grounds of impairment before the Tribunal but that the conviction does not relate to dishonesty.

34. The LQC advised the Tribunal that it should consider each paragraph and sub-paragraph of the allegation separately in the usual way. She said that Dr Eskander had admitted dishonesty in respect of the plagiarism, but it was also right to say that she has no

prior findings of dishonesty against her. The LQC said that if the Tribunal is satisfied that Dr Eskander's admitted dishonest plagiarism establishes a propensity on her part to engage in dishonesty, then that propensity can properly be taken into account in determining whether the other allegations are proved. However, the manner in which the doctor has acted on one occasion is not necessarily an indicator of how she acted on other occasions. The significance of such evidence ought not to be overstated and should not detract from the primary focus on the evidence directly relevant to the alleged wrongdoing.

35. The LQC said that the criminal case of *Hanson* is authority for the proposition that there is no minimum number of events necessary to demonstrate propensity. However, the fewer the number of events, the weaker the evidence of propensity is likely to be. Where there is a tendency to unusual behaviour, such as child sexual abuse or fire setting, these are more likely to demonstrate propensity, whereas a single admission of dishonesty will often not show propensity.

Testimonials

36. The LQC reminded the Tribunal that it had received testimonial evidence from professional colleagues of Dr Eskander which goes to her character and which is relevant and admissible at the fact-finding stage where the alleged behaviour requires proof of the doctor's state of mind or motivation, as it does here given the allegation of dishonesty. It is not evidence that goes directly to the allegation, but it is a matter to be put into the balance when the Tribunal is evaluating all of the evidence in the case.

The Tribunal's Analysis of the Evidence and Findings

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

38. The Tribunal decided to consider the alleged matters chronologically in order to enable it to form a view of Dr Eskander's state of knowledge and belief at the relevant points.

Paragraph 8(a)

39. The Tribunal considered whether Dr Eskander's actions at paragraph 1 of the Allegation were dishonest by reason of paragraph 7(a)(i).

40. The GMC's case is that Dr Eskander was dishonest in her completion of the Form R1 submitted on 17 June 2021 in that she knew that she was involved in legal proceedings in respect of the Alleged Offence at the time she submitted Form R1 and had chosen not to disclose this. The GMC accepted that Dr Eskander may have been initially confused as to whether these were civil or criminal proceedings, given that this was a criminal prosecution initiated by Warwickshire District Council, a local authority. However, the GMC submitted that, by the time of the completion of Form R1, she was aware that this was a criminal matter and, on her own evidence, if she had known it was a criminal matter she would have disclosed it.

41. The Tribunal reminded itself that Dr Eskander has admitted that she failed to disclose the ongoing legal proceedings in relation to the eviction of Mr B on the Form R1, which she submitted on 17 June 2021 as part of the ARCP process, but she does not accept that her actions in so doing were dishonest.

42. The Tribunal first considered the purpose of the Form R. It accepted the evidence of Dr F that Form R is a document by which a doctor in training can self-declare any concerns about complaints, serious untoward incidents, investigations, or significant events which would enable the Dean as the Responsible Officer to be sighted of those matters and to determine whether the doctor in training was fit to practise. Dr F stated that, if there are any incidents that might compromise the doctor's professionalism or patient safety, doctors in training are expected to declare this in a Form R and that the Form R is completed during every ARCP. It was Dr F's evidence that Dr Eskander should have declared the legal proceedings in this Form R.

43. Dr Eskander did not dispute Dr F's evidence as to the purpose of the Form R and confirmed in her oral evidence that she understood the purpose of it.

44. The Tribunal next considered the Form R that Dr Eskander submitted on 17 June 2021 as part of the ARCP. It took into account that the Form R contains a declaration which requires a doctor to declare any significant events, complaints or other investigations which have arisen since the date of the last Form R they completed. 'Other investigations' are defined within the form as:

> *Other investigations: any on-going investigations, such as honesty, integrity, conduct, or any other matters that you feel the ARCP panel or Responsible Officer should be made aware of. Use non-identifiable patient data only."*

45. Dr Eskander ticked a box underneath which stated, *"I do NOT have anything new to declare since my last ARCP"*.

46. The Tribunal was satisfied that the legal proceedings should have been declared under this final *"Other investigations"* section of the form. It considered that the Form R has an important part to play in protecting the public by ensuring that a doctor reports any adverse matters in relation to their practice or conduct and that a failure to declare ongoing criminal proceedings is a culpable failure. It noted that Dr Eskander, in her admission of Paragraph 1 of the Allegation, now accepts that she was required to declare the legal proceedings and that not to have done so was a failing.

47. The Tribunal next considered whether that conduct was dishonest. It decided that, in order to ascertain the state of the Dr Eskander's knowledge or belief at the time of her completion of the Form R1, it would first examine the chronology of how the legal proceedings were brought to Dr Eskander's attention.

Chronology of the Legal Proceedings up to 17 June 2021

At some stage prior to 18 September 2020, Dr Eskander was informed in writing by Warwick District Council, before the eviction of Mr B, that she would be committing an offence if she were to evict Mr B during Covid without a possession order. The Tribunal was provided with a copy of a news feed report by Warwickshire District Council, dated 20 December 2022. That report set out the comments made by Recorder Brand KC in passing sentence on Dr Eskander on 8 December 2022 in relation to the unlawful eviction of Mr B. Recorder Brand is quoted as saying that, on receiving notice to quit from Dr Eskander, Mr B contacted the Council who wrote to Dr Eskander, and "*warned [her] of their understanding of his legal position; in clear terms they told [her] in writing that his occupation was protected. They advised [her] that [she] should serve a notice and if he declined to leave [she] should seek a court order. They warned [her] in clear terms in writing if [she] didn't comply [she] would be committing an offence".* Dr Eskander did not dispute the accuracy of the reporting of Recorder Brand's sentencing remarks.

On 18 September 2020, Mr B received a text from Dr Eskander to confirm that she had changed the locks and removed his possessions from the apartment. He then sought advice from the relevant housing team at Warwick District Council. This is

again set out in the news feed from Warwickshire District Court from December 2022. Again, Dr Eskander did not dispute this.

On 11 March 2021, a summons was issued by Coventry Magistrates Court in respect of the allegation that Dr Eskander had unlawfully deprived Mr B of his residential occupation of the premises on 18 September 2020. The return date set for appearance at Coventry Magistrates' Court is listed as 19 May 2021.

On 12 March 2021, Warwickshire County Council sent a letter to Dr Eskander enclosing a number of documents including the summons and copies of witness statements on which they sought to rely. Within the letter, the Council reminded Dr Eskander, *"If it is your intention to plead not guilty to the charges, attendance at Court is still required…"*

Dr Eskander gave oral evidence that, in April 2021, she called the GMC and the BMA to seek advice in relation to the legal proceedings. She said that she had called the GMC to ask whether the proceedings were a matter which she was required to disclose to them. While there is no contemporaneous record of these calls, the Tribunal noted that the call to the BMA is referred to in emails with the Deputy Postgraduate Dean, Dr F, in December 2021 and January 2022. The reference to her having called the GMC in April 2021 first appears in an email from Dr Eskander to the GMC dated 6 February 2023.

On 10 May 2021, Dr Eskander had a virtual meeting with her recently appointed Counsel in relation to the legal proceedings. The fact of this meeting is documented within a letter dated 11 May 2021 from Dr Eskander's solicitors, XXX, to Coventry Magistrates Court. The purpose of that letter was to seek an adjournment of the hearing at Coventry Magistrates' Court on 19 May 2021. In that letter, her solicitors informed the Court that they had been recently instructed by Dr Eskander *"in relation to the criminal prosecution against her for allegedly unlawfully depriving Mr B of his residential occupation of Apartment"*. The letter stated that Dr Eskander had been *"summoned to appear before the Magistrates Court… to answer the allegation made against her"* and that Dr Eskander *"has also instructed experienced Counsel to advise and represent her in this matter. Due to scheduling conflicts and work commitments, [Dr Eskander] was unable to meet with Counsel (and could only so do virtually) until 10 May 2021".*

On 19 May 2021, Dr Eskander attended Coventry Magistrates' Court. The Tribunal noted that there was no documentation before it which confirms the date of Dr Eskander's appearance at Coventry Magistrates' Court, but Dr Eskander confirmed in her oral evidence that the matter was not adjourned as had been requested by her solicitors and that she had appeared at the Magistrates' Court on 19 May 2021 and elected trial by jury in the Crown Court.

On 17 June 2021, Dr Eskander submitted the Form R1 as part of her ARCP.

48. It was Dr Eskander's evidence that she was confused about the nature of the legal proceedings at the time she completed the Form R1 in June 2021. At the time, she was out of programme and, therefore, initially unsure whether she was required to complete a Form R. She had sought confirmation of this and had been told that she was required to complete a Form R as part of the ARCP process. She said that she believed, at the time, that the legal proceedings were civil in nature and that there was no requirement for her to disclose them.

49. Within Dr Eskander's witness statement dated 17 February 2025, she stated:

"At the time, I had only received the summons, and was completely oblivious to what was going on, as this is my first time ever being to court or involved in anything as such. I did not appreciate the nature of the proceedings as criminal for some considerable time. I was only aware of the criminal nature of the case at the start of my trial."

50. In her oral evidence, Dr Eskander told the Tribunal that she did not realise at the time of filling out the Form R that the legal proceedings were something she should have disclosed as she had not understood that they were criminal proceedings. She stated that, had she known that this was a criminal matter, she would have disclosed it.

51. Dr Eskander told the Tribunal that her lawyers had referred to the matter as a 'civil matter' and that she had consulted both the BMA and GMC in April 2021 in respect of the legal proceedings and they too had suggested that it was a civil matter and, in the case of the GMC, had advised her that there was no need to disclose it to them.

52. However, when it was put to her in cross-examination, that by the time she completed the form: she had been warned by Warwick District Council that she would be committing a criminal offence if she evicted Mr B without a Court Order; she had received a

summons, referring to the *"alleged offence"*; her solicitors, XXX, in their letter of 11 May 2021 were clear that they were dealing with a criminal offence; and Dr Eskander had had a conference with *"experienced Counsel"* the previous day, on 10 May 2021, she conceded that she had known that these were criminal proceedings.

53. She accepted in her oral evidence, that on 10 May 2021, Counsel had discussed with her the positives and negatives of whether to have a trial in the Magistrates or Crown Court, and she had elected trial by jury. She maintained, however, that she was still confused as to whether this was a civil or a criminal matter. She said that she had not understood that it was a criminal matter until the day of her trial at the Crown Court when she entered the courtroom and understood that she would be standing in the dock.

54. Mr Cassidy, on Dr Eskander's behalf, submitted that while there had been acceptance by her, at certain parts of her evidence, of an understanding of the criminal jurisdiction that she was under, the proceedings had continued to give rise to some confusion on Dr Eskander's part. He stated that her lawyers were telling her she had a defence given that her instructions were that Mr B had been a lodger rather than a tenant, and there were therefore different legal provisions. Mr Cassidy suggested that it could well be imagined that some people might not necessarily appreciate the full import of the proceedings until the Crown Court case began and that this was ultimately how Dr Eskander had described matters. He submitted that her colleagues were not likely to, and did not, have a clear understanding of the nuances of the position in respect of regulatory crime involving local authority prosecutions. Mr Cassidy also submitted that it would not be unusual for defence legal representatives to perhaps be positive about what they say they could do to persuade the local authority not to prosecute. Mr Cassidy asked the Tribunal to consider what, given the confusion at various times, Dr Eskander understood about the legal proceedings.

55. The Tribunal was satisfied on the basis of Dr Eskander's evidence under cross-examination that by the time she completed the Form R1, she was aware that these were criminal proceedings. It determined that Dr Eskander's meeting with Counsel on 10 May 2021 was the latest point at which Dr Eskander could have failed to appreciate that the legal proceedings she faced were criminal proceedings.

56. The Tribunal accepted that Dr Eskander may have initially been confused as to why a matter between a landlord and tenant, or on her own analysis a landlord and lodger, was the subject of criminal rather than civil proceedings. The Tribunal accepted that this confusion may have persisted notwithstanding that she had been warned that she would be

committing an offence if she evicted Mr B. The Tribunal accepted that the fact she had been summoned to appear before the Magistrates' Court without any police involvement, and that this was a prosecution by a local authority may have caused confusion. However, the Tribunal concluded that Dr Eskander knew on 10 May 2021 at the latest that the legal proceedings were criminal rather than civil. Dr Eskander accepted under cross examination, that her Counsel had discussed with her the positives and negatives of whether to have a trial in the Magistrates or Crown Court, and she had then elected trial by jury when she appeared at Coventry Magistrates Court. She confirmed in her oral evidence that this was in May 2021.

57. The Tribunal heard from Mr Cassidy on Dr Eskander's behalf and he referred to the wording of the declaration section of the form. He submitted that the form was not unequivocal or straightforward. Mr Cassidy stated that it was accepted that, despite this, Dr Eskander failed to disclose matters but submitted that it must go to the extent to which dishonesty can be assessed to say that the form was far less clear than it might have been if it had said *"please disclose any legal proceedings you have been involved with"* or *"list any allegations of a criminal nature".* Mr Cassidy submitted that the matter should be seen in the context that the Form R is principally directed to students to reflect upon any incidents in the workplace that ought to be spoken of. He asked the Tribunal whether a fair-minded individual assessing dishonesty would accept that this form was entirely clear such that the word *"conduct"* amounted to a reasonable signpost in the context of the overall structure of the declaration.

58. The Tribunal returned to the test of dishonesty as set out in *Ivey v Genting*. It considered what, on the balance of probabilities, Dr Eskander's state of knowledge or belief as to the facts was at the time.

59. It reminded itself of the content of the three testimonials provided by Dr Eskander which refer to her *"strong moral character"* and to her being a *"woman of the highest personal integrity"*. It accepted that that was not evidence that went directly to the allegation of dishonesty but weighed it in the balance when evaluating all the evidence.

60. It considered whether the fact of Dr Eskander's admission that she had dishonestly submitted the work of a colleague as her own suggested a propensity to act dishonestly but considered that, without more, this single incident was insufficient to establish a propensity.

61. The Tribunal has found, above, that Dr Eskander knew that the legal proceedings were criminal as of May 2021.

62. The Tribunal has found on all of the evidence before it that Dr Eskander did not disclose the legal proceedings within this Form R in circumstances where she knew she was involved in criminal legal proceedings and that she should have disclosed them in the Form R.

63. The Tribunal rejected Dr Eskander's oral evidence that it did not occur to her to declare the legal proceedings in the Form R. She had appeared at the Coventry Magistrates' Court the previous month and had elected trial by jury in the Crown Court. The Tribunal concluded that this was a less than probable explanation for her conduct.

64. The Tribunal accepted that, at the time she completed the Form R1, Dr Eskander may have anticipated a favourable outcome at trial. However, the Tribunal considered that in not disclosing the matter on the Form R, Dr Eskander had sought to avoid further enquiry into the exact nature of the legal proceedings against her and the conduct that had led to them, pending a conclusion to the proceedings. The Tribunal took into account that the legal proceedings ultimately came to the attention of her employer not by way of her self-disclosure, but through a news article.

65. The Tribunal applied the objective standards of ordinary decent people: would the ordinary decent person, with full knowledge of Dr Eskander's actions and the relevant surrounding circumstances, conclude that Dr Eskander's actions were dishonest? The Tribunal appreciated that there was no requirement that Dr Eskander must appreciate by those standards that what she had done was dishonest.

66. The Tribunal determined that an ordinary decent person would, in the particular circumstances of this case, consider Dr Eskander's actions - in failing to confirm that she had a new matter to disclose in the Form R when she knew she was involved in the criminal proceedings - to be dishonest. It had particular regard to Dr F's evidence as to the purpose of a Form R in terms of the monitoring of fitness to practise.

67. Accordingly, the Tribunal has found that Dr Eskander's actions as described at paragraph 1 of the Allegation were dishonest by reason of paragraph 7(a)(i). The Tribunal has therefore found paragraph 8(a) of the Allegation proved.

Paragraph 5(a)

68. The Tribunal considered whether, on 9 December 2021, Dr Eskander submitted an application for a training post to HEE Thames Valley ('the Application') and, within the

Application, she failed to disclose that she was involved in legal proceedings in respect of the Alleged Offence.

69. The GMC's case is that Dr Eskander was under a duty to disclose the legal proceedings on the application form for the training post and that she failed to do so. The GMC relies on the evidence of Ms H and Dr F in respect of Paragraph 5(a).

70. Dr Eskander disputes that she was under a duty to disclose the legal proceedings on the application form.

71. Ms H exhibited Dr Eskander's application form to her witness statement dated 7 September 2023. The Tribunal took account of the section within the form titled *"Part 2 - Fitness to practise".* Dr Eskander answered 'No' to the questions set out in this part of the form, including:

> *"2. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?*
> *…*
> *7. Are you currently the subject of any investigation or fitness to practise proceeding by any licensing or regulatory body in the United Kingdom or any other country?*
> *…*
> *9. Do you know of any other matters in your background which might cause your reliability or suitability for employment to be called into question?"*

72. Ms H confirmed in her witness statement that the national recruitment window for the neurology post opened on 18 November 2021 at 10am and closed on 9 December 2021 at 4pm. Dr Eskander applied for the training post on 9 December 2021 at 8.30am.

73. Ms H stated that Dr Eskander did not declare any concerns or issues on her application form and did not declare anything following shortlisting to interview. She stated that Dr Eskander was invited to book an interview slot on 28 February 2022 at 4.40pm and received an offer on 19 April 2022 through the Oriel recruitment system. Ms H stated that Dr Eskander emailed the neurology recruitment mailbox to declare an issue on 20 April 2022 which related to a similarity between a written reflection submitted as part of her PGCert HBE and that written by a colleague. Ms H stated that no further correspondence was received from Dr Eskander about any other declarations.

74. In oral evidence, Ms H agreed with the proposition that was put to her by Mr Brook that, had Dr Eskander known that she was the subject of criminal proceedings for the unlawful eviction of a tenant and had elected trial by jury, she should have answered 'yes' to the question:

> *"2. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?*

75. If she had been in doubt as to whether Question 2 applied to her circumstances, then Ms H said that Dr Eskander could have answered Question 9:

> *"9. Do you know of any other matters in your background which might cause your reliability or suitability for employment to be called into question?"*

76. Ms H said, *"We always tell doctors it is better to over-declare than to under-declare"*. She said that she would have expected Dr Eskander to have included the information under Question 9 which was a '*catch-it-all*' question.

77. Ms H said that, had anything been disclosed within the application form, that part of the form would have been sent to the revalidation team. The matter would not have affected shortlisting for the role, which was done on clinical ability, but the matter would have been flagged for the revalidation team and considered in the overall process.

78. Dr F, in his witness statement, stated that he became aware of Dr Eskander's legal proceedings, after they were published online by the Leamington Observer in August 2021. On receiving this information, Dr F shared it with Mr C, Director of Medical Education at Royal Devon and Exeter Hospital, where Dr Eskander was training at the time and asked Mr C to meet with her. Following that meeting, it was agreed that Dr Eskander would share the issue of her legal proceedings with her educational supervisor, Dr D, who would be able to support her in the workplace.

79. Dr F, in his witness statement, stated:

> *"The education faculties were led to believe, by Dr Eskander, that these proceedings were routine, and the anticipated conclusion would be inconsequential to Dr Eskander."*

80. Dr F, in oral evidence, said that he had not become aware that the legal proceedings were criminal in nature until the summer of 2022. Until then he had not, in his own mind, made any distinction as to whether they were civil or criminal. He had met with Dr Eskander on 23 December 2021 to discuss the allegation of assessment irregularity. The legal proceedings had been discussed at the same meeting but Dr Eskander had been *"very vague"*. He had understood that it was a landlord and tenant dispute. Dr Eskander had said that XXX worked for the local council which had unfairly disadvantaged her. He had said that she should include details of it on her next Form R but had not suggested that she notify the recruiter of it as he understood the outcome would be inconsequential and *"we did not know where it would go"*. He said, "*There is a massive onus on doctors in training to be transparent and self declare information we do not know*". He said that had he known the matter was criminal, he would have told Dr Eskander to disclose it to the recruiter.

81. Dr Eskander, in her witness statement dated 17 February 2025, disputes that she was required to disclose the legal proceedings to HEE Thames Valley:

> *"Not agreed. I don't accept that I was obliged or questioned to disclose anything about legal proceedings. I was asked about any matter that I had been charged with not summonsed. My confusion was still that I was involved in civil proceedings at this time."*

82. It was Dr Eskander's evidence that she was applying for a post at the same level as her existing post, just within a different geographical area. She was aware of the scoring system for applications and knew that disclosure of the legal proceedings would not have affected her score. She said that she had disclosed to Dr F at their meeting on 23 December 2021 that she had not disclosed information about either the legal proceedings or the assessment irregularity on her application form for the training post. She noted that Dr F had requested, following that meeting, that she retrospectively disclose the plagiarism matter to the recruiter; he had not suggested that she disclose the legal proceedings. By contrast, he had directed her to disclose both the legal proceedings and the plagiarism matter on her next Form R. Dr Eskander's position was that she had done as directed. She considered that, if there had been a requirement for her to notify the recruiter of the legal proceedings, Dr F would have directed her to do so as he had in relation to her Form R. She said that, as far as she knew, Dr F had read the article in the Leamington Observer which said that she was *"to appear before a jury*" and she had not told him otherwise. These points are explored further in respect of paragraph 8(c) of the Allegation, below.

83. Mr Brook, on behalf of the GMC, submitted that Dr Eskander was required, in the interests of transparency, to declare the legal proceedings and she failed to do so when she answered 'No' to either question 2 or question 9 on the form. Mr Brook submitted that it would be a matter for the judgment of the recipient of the details whether the legal proceedings had any bearing on her *"reliability or suitability for employment"* as per the wording of question 9 on the form.

84. Mr Cassidy, on Dr Eskander's behalf, referred to the questions within the form. He submitted that question 9 was a subjective question which required a doctor to declare any matters that *"might cause your reliability or suitability for employment to be called into question."* At this point in time, the legal proceedings were unproven and were denied by Dr Eskander. Mr Cassidy submitted that it was an 'unfair stretching' of the scope of the allegation to suggest that Dr Eskander was required to respond in the positive to question 9, which was a very specific question as to reliability and suitability for employment.

85. Mr Cassidy on Dr Eskander's behalf submitted that Dr Eskander still considered the legal proceedings to be civil, that she had received advice from her legal team and the BMA, and that she did not think that they needed to be declared. Mr Cassidy submitted that he relied on the actions set out by Dr F in the note of the 23 December 2021 meeting in suggesting to Dr Eskander, the student, that she only needed to supply the details about plagiarism to the recruitment team.

86. The Tribunal has determined, for reasons that are set out in relation to its findings at paragraph 8(a) above, that Dr Eskander was aware by 10 May 2021 that the legal proceedings against her were criminal proceedings.

87. The Tribunal was of the view that, even without the evidence of Dr F and Ms H, it was clear on an ordinary reading of Q2 and Q9, that the legal proceedings should have been disclosed within Dr Eskander's application for the training post. The Tribunal rejected her assertion, as less than credible, that she did not understand that she had been '*charged*' with an offence because she had been '*summoned*' to court by a different route. By the stage that Dr Eskander submitted the application for the training post on 9 December 2021, she had elected trial by jury. The Tribunal was clear that Dr Eskander was no longer confused to the extent that she did not know that she was subject to criminal proceedings.

88. The Tribunal determined that Dr Eskander was under a duty to answer 'Yes' to Q2. Had she misunderstood Q2, Dr Eskander should have answered 'Yes' to Q9 instead. The

Tribunal noted that there had been some suggestion by Dr F that she could also have answered yes to Q7, but the Tribunal considered that Q2 and Q9 were the relevant questions. In the view of the Tribunal, the questions highlight that it is not just clinical matters that need to be declared in the application form.

89. The key issue is that Dr Eskander did not disclose the fact of the legal proceedings at any point in respect of any of the nine questions in the application form and there was no disclosure outside the form by way of email or contact with the recruitment team at any point in the recruitment process.

90. The Tribunal determined that this was a culpable failure. The Tribunal acknowledged the evidence of Ms H that the disclosure would not have affected the question as to whether or not Dr Eskander would have been shortlisted for a post. However, the Tribunal did not consider that this was determinative of the question as to whether Dr Eskander was under a positive duty to disclose that she was subject to criminal proceedings. The key issue was that the legal proceedings were something that could suggest that her conduct had been called into question. Irrespective of what Dr Eskander thought the impact of declaring the legal proceedings would have been, they should have been declared. The Tribunal considered that it was a matter for others, once the information was declared, to decide what action, if any, they would then take. It was not for Dr Eskander to deprive them of the opportunity of even considering the matter.

91. In all the circumstances, the Tribunal concluded that, within the Application, Dr Eskander failed to disclose that she was involved in legal proceedings in respect of the Alleged Offence. Accordingly, the Tribunal found this paragraph 5(a) of the Allegation proved.

Paragraph 8(c)

92. The Tribunal went on to consider whether Dr Eskander's actions at paragraph 5(a) of the Allegation were dishonest by reason of paragraph 7(a)(ii).

93. Mr Brook, on behalf of the GMC, submitted that Dr Eskander's actions in failing to disclose the legal proceedings at the time of submission of her Application were designed to maximise her chances of being short or long listed and were intentional, for her own purposes, and dishonest.

94. Dr Eskander's position is that, as she was under no requirement to disclose the legal proceedings, it follows that she cannot have been dishonest in not doing so.

Meeting with Dr F on 23 December 2021

95. Dr Eskander prayed in aid the fact that Dr F, on learning that she had not disclosed the legal proceedings, had not directed her to do so retrospectively, whereas his advice had been to do so in respect of the assessment irregularity. She said that she had been open and honest in disclosing the legal proceedings to her Educational Supervisor, Dr D. She had also disclosed them to the GMC by way of an email dated 21 December 2021. The Tribunal explored the evidence in relation to each of these factors in turn.

96. The Tribunal examined the record of Dr Eskander's meeting with Dr F on 23 December 2021 to determine whether her actions after the submission of the application had any probative value in explaining her state of mind at the time she submitted the form on 9 December 2021, as she suggested they did.

97. The Tribunal had regard to the email from Dr F to Dr Eskander dated 23 December 2021, in which he set out a record of the meeting they had had earlier that day. He recorded that Dr Eskander "*volunteered that [she] applied for a neurology training post outside HEE SW during the application window in Nov-Dec*". He later listed the agreed actions following that meeting, as follows:

> *"I have summarised the agreed actions as follow:*
>
> *1. A written reflection to share with the Dean. I acknowledged that you are on annual leave so as soon as you are able to following your leave;*
> *2. Self-declaration on the Form R regarding both the plagiarism incident and ongoing legal proceedings;*
> *3. Self-declaration to the recruitment team of the plagiarism incident in the interests of transparency;*
> *4. Access Professional Support and Wellbeing service as required."*

98. Mr Cassidy submitted that the volunteering of matters to Dr F went against the GMC's case that Dr Eskander was keeping everything quiet from the start for fear of the consequences.

99. The Tribunal accepted, as a matter of fact, that Dr F had not suggested that Dr Eskander retrospectively inform the recruiter of the ongoing legal proceedings. However, it also took into account that Dr F's evidence was that he was not aware, in December 2021, that the proceedings were criminal in nature. Dr F could only offer an opinion based on what Dr Eskander had told him. Dr F's evidence was that the whole process was underpinned by self-declaration in terms of information being provided by a doctor in training.

100. The Tribunal was satisfied that Dr Eskander had not told him that the proceedings were criminal in nature. It took into account that, in an email of 11 January 2022, some three weeks after their meeting on 23 December 2021, Dr Eskander again referred to the legal proceedings as "*a civil claim*" which "*is not a conduct issue as confirmed by the BMA advisory that I need to declare, as I have not done anything that breeches [sic] the law?*"

101. The Tribunal concluded that there was, therefore, very little probative value in any evidence as to whether Dr F did or did not advise Dr Eskander to disclose the legal proceedings retrospectively as part of the recruitment process. The Tribunal was concerned with Dr Eskander's state of mind on 9 December 2021, the time of submission of the application form.

Disclosures to Dr D

102. The Tribunal considered the evidence of Dr D. It took into account that, as her Educational Supervisor, Dr D was someone with whom Dr Eskander had regular contact from August 2021 to August 2022. Dr D told the Tribunal that his role in respect of Dr Eskander was both clinical and pastoral. He told the Tribunal that he had had no concerns about Dr Eskander's clinical ability. He said she was able to undertake clinical work with appropriate supervision. She had had to manage XXX and, to her credit, XXX, she had sought opportunities to attend ward rounds remotely during the pandemic, to enable her to feel part of the team. She had then returned to work promptly XXX.

103. Dr D in his written statement of 5 February 2025 stated:

> *"During my interactions as a clinical supervisor there was complete candour at all times pertaining to the legal proceedings underway. It was important also to acknowledge the fact that these were ongoing proceedings and needed to be acknowledged as such, and we as a department took the view that these were a separate issue and needed to run the course appropriately in the relevant and*

appropriate court. These in no way had an effect on her clinical abilities acumen and ability to be appropriately supervised. However the concerns around the knock on effect of or going on in the background beyond the training programme could not be ignored and with the appropriate support from the deanery where required was in place and from a personal perspective I was grateful for the deanery providing supportive arrangements allowing me to concentrate very much on the clinical educational supervision."

104. In his oral evidence, Dr D said that he was aware of the timetable and final date of the hearing. As to the nature of the proceedings, he understood that a case had been brought against Dr Eskander in relation to an alleged eviction. He did not know the details of the case. He had understood it to be a 'private contractual matter'. She had had feedback from her lawyers that the case was likely to be closed. He had wanted to ensure that her practice was ongoing. He was not tasked with dealing with the issue. The Deanery had been clear with him that he should continue with his pastoral and clinical role as Dr Eskander's Clinical Supervisor; the Deanery would deal with the issue. He had only needed to know whether she was safe to continue in clinical practice and he never doubted that this was the case. He said he had no legal training and did not know the implications of what he was told or the court in which the matter was to be determined. He had taken the view that she was innocent until proven guilty.

105. Dr D said that Dr Eskander had not discussed the training application form with him in advance of submitting it. He had provided a reference, which included what he knew about matters at the time, but he did not think that there had been any adverse content in the reference.

106. The Tribunal accepted that Dr Eskander had discussed the ongoing legal proceedings with Dr D. Dr D did not consider that Dr Eskander had shown anything other than candour in his dealings with her. While he had taken some interest in them, the Tribunal found that he had not engaged with the detail of the legal proceedings, which he did not see as his role. He was content that others within the Deanery were dealing with matters of probity, and that Dr Eskander had lawyers to advise her on the case. As a result, it was difficult to discern from his evidence what exactly Dr Eskander had disclosed and whether she had disclosed that she was subject to criminal, as opposed to civil, proceedings. Dr D said that he understood the matter to be "*a private contractual matter*" but the Tribunal considered that this was not determinative of what Dr Eskander had told him.

107. The Tribunal considered that while Dr D's evidence pointed overall to a willingness by Dr Eskander to disclose the legal proceedings, it was not determinative of her state of mind at the time she completed the application form for training. It was, however, something to be weighed in the balance.

Email of 21 December 2021 to the GMC

108. Dr Eskander invited to Tribunal to consider her email to the GMC dated 21 December 2021, as evidence of her willingness to disclose the fact of the legal proceedings to the GMC. She said that her email should be read as her self-disclosure of the criminal proceedings to the GMC in that, within it, she suggested that although not convicted, she might be convicted in the future.

109. The Tribunal considered the content of Dr Eskander's email of 21 December 2021 to the GMC which was entitled *"Dignity at the work place",* and read as follows:

> *"I am a Neurology registrar in training, Southwest Peninsula deanery. I have been exposed to a GMC dignity at work concern.*
>
> *Spreading malicious rumours. (GMC dignity at work, page 3, paragraph 15,e)*
>
> *Rumours have been spread across the department I work for, the deanery and the local trust that I had been convicted in a court case. The rumours had spread based on an unverified article in a local paper. The article does not state that I had been convicted.*
>
> *The article has been withdrawn due to its invalidity.*
>
> *This is a false fact, the court case is currently still ongoing, I have not been convicted.*
>
> *Court case is with regards to a civil matter about a flat I own. Lawyers are currently in the process of dropping the case against me, and seeking the appropriate compensation. The case has not been heard. However, rumours have spread that I have been found guilty, and that has been used against me by the training body."*

110. The Tribunal did not accept that this was a self-referral to the GMC in respect of the legal proceedings. The Tribunal accepted that the email made reference to rumours that she

had been convicted and found guilty; however, in the view of the Tribunal, the primary purpose of the email was to dispel those rumours rather than to disclose that she was subject to criminal proceedings against her. The email referred to the case as being a *"civil matter"*. It provided no details that would have enabled the GMC to consider the matter further and to determine whether it raised any question as to her fitness to practise.

References to *"civil matter"*

111. The Tribunal noted that Dr F had understood the legal proceedings to relate to a *"civil matter"* and Dr D had understood it to be *"a private contractual matter"*. The Tribunal did not consider this to be coincidental. The Tribunal noted that, in her correspondence with others, Dr Eskander repeatedly referred to the legal proceedings as a "*civil matter"* long after May 2021, which is when the Tribunal has determined she knew that she faced criminal proceedings.

112. The Tribunal has noted, above, that in an email dated 11 January 2022 to Dr F, Dr Eskander referred to the legal proceedings as "*a civil claim*". This is repeated in an email to Dr J, Head of School of Medicine HEE SW Peninsula, dated 21 July 2022, less than a month before her Crown Court trial, in which she refers to the "*civil issue of legal proceedings regarding a lodger in my flat".* In a meeting on 5 August 2022, some 10 days before the start of her trial, Dr Eskander is recorded as saying her case was "*waiting for a date in the civil court*".

113. The Tribunal noted that even in her email to the GMC dated 20 December 2022, following her conviction, her opening sentence was, "*I'm writing to inform you that I had to deal with a court case regarding a civil matter*". This was followed by a later email to the GMC dated 23 February 2023 in which she refers to discussions with her educational supervisor Dr D whom she reports as saying that "*this civil (law dispute) did was [sic] not relevant to my clinical competency or probity*".

114. While it accepted that these references postdated Dr Eskander's submission of the Application, it considered that they had some probative value in ascertaining her state of the mind at the time of submission on 9 December 2021.

115. The Tribunal had regard to two limbs of the dishonesty test as set out in *Ivey v Genting*. It considered what, on the balance of probabilities, was Dr Eskander's state of

knowledge or belief as to the facts at the time she submitted the Application on 9 December 2021.

116. The Tribunal has found, above, that Dr Eskander knew that the legal proceedings were criminal as of May 2021. It has rejected her evidence that she remained confused as to the status of the proceedings after May 2021.

117. The Tribunal has found that Dr Eskander did not disclose the legal proceedings within this application form in circumstances where she knew she was involved in criminal legal proceedings.

118. The Tribunal carefully considered whether, before drawing an inference of dishonesty, it could safely exclude, as less than probable, other possible explanations for Dr Eskander's conduct.

119. It asked itself whether the failure to disclose the matter on the Application form was inadvertent. It reminded itself that Dr Eskander said in her oral evidence that it did not occur to her to declare the legal proceedings in the Application, in a similar vein to her evidence as to the June 2021 Form R.

120. The Tribunal rejected Dr Eskander's evidence. The Tribunal considered that Dr Eskander's actions in answering '*no*' to the various declarations in the application were aimed at preventing legitimate enquiry into any possible concerns about her conduct. This was consistent with her repeated subsequent descriptions of the proceedings as *"a civil matter"* which downplayed the significance of the proceedings.

121. The Tribunal applied the objective standards of ordinary decent people. It asked itself whether the ordinary decent person, with full knowledge of Dr Eskander's actions and the relevant surrounding circumstances, would conclude that Dr Eskander's actions were dishonest. The Tribunal reminded itself that there was no requirement that Dr Eskander must appreciate by those standards that what she had done was dishonest.

122. The Tribunal determined that an ordinary decent person would, in the particular circumstances of this case, consider Dr Eskander's actions - in failing to disclose, as part of a recruitment process, that she was involved in criminal proceedings on an application form when she knew the nature of those proceedings - to be dishonest.

123. The Tribunal took into account that the objective standards of ordinary and honest people must involve the expectation that registered professionals will have at least some regard to the professional standards under which they are required to operate, pursuant to a system of regulation that is designed to protect the public. The Tribunal determined that Dr Eskander had fallen short of that expectation.

124. Accordingly, The Tribunal has found that Dr Eskander's actions as described at paragraph 5(a) of the Allegation were dishonest by reason of paragraph 7(a)(ii). The Tribunal has therefore found paragraph 8(c) of the Allegation proved.

Paragraph 8(d)

125. The Tribunal considered whether Dr Eskander's actions at paragraph 5(b) of the Allegation were dishonest by reason of paragraph 7(b).

126. The Tribunal reminded itself that Dr Eskander has admitted that she failed to disclose the allegations of assessment irregularity on her Application for a training post to HEE Thames Valley. She disputes that her conduct was dishonest.

127. The GMC's case is that Dr Eskander's actions in failing to disclose, at the time of submission of her Application on 9 December 2021, that the University had put to her allegations of assessment irregularity were, in a similar vein to her failure to disclose the legal proceedings, designed to maximise her chances of being short or long listed for a training post and were intentional, for her own purposes, and dishonest.

128. The Tribunal reminded itself of the factual background to the allegation of assessment irregularity which forms the basis of Paragraphs 2 to 4 of the Allegation. It reminded itself that Dr Eskander has admitted that she submitted a reflective assignment entitled "*Reflective Analysis of Assessment and Feedback" ('the Assignment')* which she knew to be predominantly the work of Dr A, who was her predecessor in the post. She has admitted that in so doing she acted dishonestly.

129. The Tribunal further reminded itself of the background and chronology of the events which led to the University discovering, and putting the allegations of assessment irregularity to Dr Eskander, which took place at around the same time that she made her Application for a training post to HEE Thames Valley.

130. It was not disputed that Dr Eskander's academic performance on the PGCert HBE course was poor. She was struggling to complete assignments on time and was having to redo assignments at the same time as undertaking new assignments. The course was being delivered and completed during the Covid pandemic and so was facilitated in a different way than it had been before.

131. At the point of coming to complete the assignment in question, Dr Eskander had submitted four assignments, of which three had achieved the marks of *"Borderline Fail"* and she had requested various extensions. It was noted that there was "*a notable discrepancy between her written work and the high quality of her teaching performance"*, which Dr Eskander accepted in her oral evidence to be the case.

132. Dr Eskander told the Tribunal that she had received a bundle of documents from Dr A, her predecessor, as part of the handover when she started in the role. The bundle of documents included the assignments that Dr A had completed during the previous year (there is no suggestion that Dr A had knowledge of Dr Eskander using her assignments as her own).

133. Dr Eskander, in her oral evidence, accepted that the Assignment she submitted on 20 October 2021, amounted to wholesale plagiarism of Dr A's previous assignment. Dr Eskander said that she might have started writing her own assignment but, having reached a certain point without progress, she had then used Dr A's assignment instead because it "*more concisely*" reflected her own views and because *"I had not allocated enough time to complete the assignment"*.

134. The Tribunal looked at what happened after the submission of the Assignment on 20 October 2021 to inform itself as to her state of mind when, some seven weeks later, she came to submit her Application for a training post to HEE Thames Valley.

135. Upon review of Dr Eskander's Assignment, it was evident to those marking it that this piece of work stood out dramatically from her previous assignment submissions. Dr G, in discussion with Dr Eskander's tutor requested a Turnitin report to identify any elements of text-matching and locate any primary sources which the assignment matched with.

136. Dr G received the Turnitin report on 4 November 2021 which demonstrated a text match of 92% with an essay submitted on the course by a student the previous year. The Turnitin report demonstrated that only 100 words out of approximately 1700 words were

original to Dr Eskander and a proportion of these were a result of tracked changes made by a third- party (this was her course tutor) in proof-reading the submission which were still visible in the submitted file.

137. Dr G submitted a 'Referral of Assessment Irregularity' on 4 November 2021 to the University's Student Conduct and Compliance team who were responsible for initiating and conducting the investigation. That team sent Dr Eskander a letter dated 9 November 2021 notifying her that they had been asked to look into concerns about the assignment as a result of the Turnitin report.

138. On 30 November 2021, Dr Eskander provided a written statement to the University in which she admitted the allegation of copying and expressed remorse for her actions.
Dr Eskander stated that she found that Dr A's work expressed her experience and ideas more concisely. She wrote that she believed she had been a burden on her mentor due to sending them repeated drafts of previous assignments.

139. On 9 December 2021, Dr Eskander submitted the Application for a training post to HEE Thames Valley. As set out in relation to Paragraph 8(c) above, within the application form, Dr Eskander answered 'No' to all nine questions in the declaration section about 'Fitness to practise'.

140. On 10 December 2021, the University wrote to Dr Eskander setting out the penalties in respect of the assessment irregularity. She received a formal written admonishment for copying the work of another candidate without their knowledge, a formal written warning about her future conduct in assessments, a cancellation of her marks for her first attempt at Assignment 2D and a cap on the assessment result for the second attempt at the pass mark.

141. The University informed Dr I, Training Programme Director of the Neurology Training Programme, of the outcome of its investigation. On 20 December 2021, Dr Eskander had a meeting with Dr I. While no notes were kept as to the content of this meeting, it is known that Dr I reported back to Dr F about it.

142. Dr Eskander sent an email to the GMC on 21 December 2021 entitled *"Dignity at the work place"* (as quoted above). There was no mention of the assessment irregularity.

143. As set out earlier, on 23 December 2021, Dr Eskander had a meeting with Dr F, who then wrote up a summary of the meeting that he emailed to Dr Eskander. The notes included

a number of action points, which included that Dr Eskander would complete a written reflection and make a self-declaration to the recruitment team of the plagiarism incident.

144. On 31 December 2021, Dr Eskander provided her written reflections to Dr I and Dr F.

145. On 19 April 2022, an offer of a training post, as a result of the recruitment process, was made to Dr Eskander and she accepted it the same day.

146. On 20 April 2022, Dr Eskander wrote to the recruitment team, in the following terms:

> *"I am writing to inform you of an issue that had arisen after submitting my application. In one of the reflections I had written as part of my PG cert in healthcare and biomedical education, there was found to be similarity between mine and another written by a colleague. The matter has been resolved with the university and I have now successfully completed my qualification, please note that no marks were claimed for this qualification anyways."*

147. The Tribunal noted that Dr Eskander's initial position was, as set out in her witness statement dated 17 February 2025, that:

> *"I should have made reference in the application about plagiarism. I believe though that I had completed that section of the form before I had received the letter outlining the outcome of the assessment irregularity investigation.*
> *Once again, I had already completed the application, and unknowingly my mind came to declaring anything to do with patient care. This, on reflection, was completely wrong and I fully accept that I should have fully declared at the earliest moment of making the application."*

148. She confirmed in her oral evidence that she had completed the application form across several sittings. She had started with the simpler parts of the form, which had included the declaration part of the form, prior to receiving notification from the University of the allegations of assessment irregularity by a letter dated 9 November 2021.

149. Dr Eskander said that she had not received the letter informing her of the assessment irregularity until sometime after it was sent to her by email. It was sent to her email account at the University, and she had since moved on. She said that she checked her old email address weekly. She accepted that she had received the letter dated 9 November 2021 prior

to submitting the Application but said that, when she came to submit the form, she did not revisit the sections which she had completed earlier on.

150. Dr Eskander accepted that she was under a duty to disclose the allegation of assessment irregularity and had not done so. She said that, at the time she completed the form, her mind was on issues of patient care and she had not considered the plagiarism allegation. She had received the University's letter informing her of the penalties soon after submission of the Application form. She said that, had she received it prior to submission of the Application, she would have disclosed the allegations of assessment irregularity. However, she had not considered notifying the recruiter following submission until it was suggested to her by Dr F at the meeting on 23 December 2021.

151. The Tribunal had regard to Dr F's contemporaneous note of the meeting on 23 December 2021. On the basis that it was produced the same day as the meeting, the Tribunal considered that it was a document on which it could place substantial weight. Dr Eskander had been given the opportunity to comment on the accuracy of the note and had provided some comments, albeit that she had said that she would respond in more detail at a later stage.

152. Both parties agree that at the meeting on 23 December 2021, Dr F directed Dr Eskander to notify the recruiter of the plagiarism allegation. It is included within the action points following the meeting:

> *"3. Self-declaration to the recruitment team of the plagiarism incident in the interests of transparency"*

153. Dr F's oral evidence was that he expected her to do this as soon as possible following the meeting. The Tribunal considered that this was consistent with the note of the meeting of 23 December 2021 where he wrote:

> *"You indicated that now the University has concluded the outcome you will inform the recruitment team as part of the declaration in the recruitment process."*

154. Dr F said that he was surprised to learn in the summer of 2022 that Dr Eskander had not disclosed the plagiarism to the recruiter until April 2022, after she had been offered the post. He also considered that the communication that she did eventually send on 20 April 2022 (set out above) may have been "*a deliberate attempt to downplay the plagiarism*

incident". As a result, a meeting was called between Dr F, Dr J and Dr Eskander to discuss issues of communication, probity and insight. That meeting took place on 5 August 2022 and is documented in a detailed note by Dr F. Again, the Tribunal noted that this was a contemporaneous record of events and considered that it was a document on which it could put considerable weight, albeit that the matters described therein took place after Dr Eskander had submitted the Application for the training post.

155. The Tribunal noted that in the record of the 5 August 2022 meeting, Dr F records Dr Eskander as saying that she had not contacted the recruiter sooner than April 2022 because she did not have the contact details of the recruitment team in order to contact them about the assessment irregularity. The Tribunal observed that this was inconsistent with the evidence of Ms H that Dr Eskander had emailed them about XXX in March 2022. Ms H confirmed, in oral evidence, that the email address used was the same email address used by Dr Eskander when she wrote to them on 20 April 2020 to disclose the assessment irregularity.

156. In her oral evidence to the Tribunal, Dr Eskander's position was that the written action points set out in Dr F's note of the meeting did not suggest a timescale within which she was then to notify the recruiter. She said that it was she who had volunteered the information that she had applied for the training post to Dr F, which was evidence of her openness and honesty. She said that Dr F had told her that she did not need to declare the plagiarism until she was offered a position. She had been off work from February 2022 to May 2022 for XXX. She said that the April 2022 offer was a conditional offer, pending references, and could be withdrawn. She said that this was, therefore, the appropriate time to disclose the matter.

157. The Tribunal accepted the evidence of Dr F that he expected Dr Eskander to contact the recruiter as soon as possible after their meeting to make an appropriate disclosure about the plagiarism and that, moreover, she had agreed she would. The Tribunal concluded that this could be properly inferred from his record:

> *"You indicated that now the University has concluded the outcome you will inform the recruitment team as part of the declaration in the recruitment process."*

158. The Tribunal rejected the evidence from Dr Eskander that Dr F had told her that she did not need to do this until after she had been offered a post. Dr F was clear in his oral evidence that his expectation was that there was some urgency, and that Dr Eskander would

make the disclosure as soon as possible. He was surprised to learn later that she had not done so.

159. Mr Brook, on behalf of the GMC, submitted that when she did declare the plagiarism incident, Dr Eskander did not fully acknowledge what she had done. He said that, in her email to the recruiter, Dr Eskander downplayed matters, suggesting that *"there was found to be similarity"* between her work and that of a colleague, rather than disclosing that she had plagiarised an entire assignment, adding or changing only a few words.

160. The Tribunal had regard to the test in respect of dishonesty as set out in *Ivey*. It considered what, on the balance of probabilities, Dr Eskander's state of knowledge or belief as to the status of the plagiarism matter was at the time she submitted the form.

161. The Tribunal took into account that Dr Eskander had been notified of the allegations of assessment irregularity by an email dated 9 November 2021. On her own account she checked her emails about weekly. The Tribunal noted, from Ms H's evidence, that the application window did not open until 18 November 2021. It follows that, on Dr Eskander's account, she started to complete the Application sometime between 18 November and 30 November 2021, when she sent a reflective statement to the University admitting the plagiarism. She submitted the form 9 days later, on 9 December 2021 on the final date of the application window.

162. The Tribunal carefully considered Dr Eskander's state of knowledge or belief about the plagiarism allegation as of 9 December 2021 when she submitted the form. Dr Eskander did not dispute that she was aware of the plagiarism allegation at the time she submitted her form. Her position is that she was not aware of the allegation at the time she started to complete the form, and she did not check the form before submitting it. She told the Tribunal that, since these events, she had undertaken a neurology exam and had requested a declaration form from the Royal College of Physicians but had been informed that there was no need to complete one as she was not, at the time, subject to fitness to practise proceedings.

163. The Tribunal considered that Dr Eskander's account was less than probable. She had been made aware by a letter dated 9 November 2021 that she had been "*referred to determine whether [she had] committed an assessment offence*". She had been invited to respond to the allegation and to say whether she admitted it by 30 November 2021, which she had done. On her own account, Dr Eskander had recognised that this was a serious

matter, and she felt ashamed of her actions and the potential damage to her reputation. At the time she submitted the Application form on 9 December 2022, she was still awaiting the outcome of the investigation into the matter. The Tribunal was in no doubt that this ongoing investigation would have been uppermost in her mind. The Tribunal did not accept her account that she had simply failed to look back through the form at a time when these matters were live. It took into account that the Application form includes a statement by Dr Eskander that:

> *"I confirm that I understand the implications if I do not complete this application form correctly".*

164. Nor did the Tribunal accept Dr Eskander's evidence that, had she received the outcome of the investigation prior to submission of the form, she would have included it. The Tribunal considered that, had she considered it important that the recruiter be made aware of information that called her conduct into question, there was nothing to stop her from sending the further information on receipt of the outcome of the investigation, the following day.

165. The Tribunal did not consider that any of the matters which followed the submission of the application form, including the points regarding Dr F, significantly altered the Tribunal's understanding of Dr Eskander's state of knowledge as of 9 December 2021. The Tribunal was of the view that Dr Eskander's later actions did not support her suggested position but instead reinforced the Tribunal's understanding of the belief that she held at the time. In the view of the Tribunal, her actions suggested that she had chosen to ignore any encouragement to disclose the plagiarism incident and/or had sought to downplay the seriousness of it.

166. The Tribunal asked itself whether the ordinary decent person, with full knowledge of Dr Eskander's actions and the relevant surrounding circumstances, would conclude that Dr Eskander's actions were dishonest? It reminded itself that there was no requirement that Dr Eskander must appreciate by those standards that what she had done was dishonest.

167. The Tribunal determined that an ordinary decent person would, in the particular circumstances of this case, consider Dr Eskander's actions - in failing to disclose, as part of a recruitment process, that the University had put to her allegations of assessment irregularity (that she had admitted) in the application form when she knew this to be the case - to be dishonest.

168. Accordingly, the Tribunal has found that Dr Eskander's actions as described at paragraph 5(b) of the Allegation were dishonest by reason of paragraph 7(b). The Tribunal has therefore found paragraph 8(d) of the Allegation proved.

Paragraph 8(e)

169. The Tribunal considered whether Dr Eskander's actions at paragraph 6 of the Allegation were dishonest by reason of paragraph 7(a)(iii).

170. The Tribunal noted that the allegation is that Dr Eskander dishonestly submitted Form R2 on 14 July 2022 as part of the ARCP process and failed to declare that she was involved in legal proceedings in respect of the Alleged Offence. It is not alleged that she failed to disclose the allegations of assessment irregularity on the Form R2, although the Tribunal noted that, as a matter of fact, the Form R2 she submitted on that date contained disclosure of neither matter.

171. Dr Eskander has accepted that she had been directed to declare the legal proceedings on the Form R2, following her meeting with Dr F on 23 December 2022. She accepts that she failed to do so, in that the Form R2 which she submitted on 14 July 2022 did not include a declaration about the legal proceedings, but she disputes that her actions were dishonest. She says that she had technical difficulties in saving and submitting the Form R2 as part of the ARCP process and that the form that she submitted on 14 July 2022 was incomplete.

172. It was not in dispute that, as part of ARCP 2022 process, Dr Eskander submitted three separate Form Rs on three separate dates, all of which were dated 3 July 2022:

On 12 July 2022, she submitted a form which was unreadable in its entirety.

On 14 July 2022, which was the date of the ARCP panel, having been informed that the previous form was unreadable, Dr Eskander submitted a second Form R2 which was partially completed, had blank sections, and included Dr Eskander's personal details. The Tribunal noted that, as a matter of fact, it contained no declaration of the legal proceedings.

On 21 July 2022, Dr Eskander submitted a third version of the Form R2. This form included Dr Eskander's personal details but also included information about the legal

proceedings which was missing from the form which had been submitted on 14 July 2022. The Tribunal noted that this form also contained XXX, which was absent from the form which had been submitted on 14 July 2022.

173. The Tribunal was also provided with an email chain between Dr J and Dr Eskander dated 21 July 2022, in which Dr J notifies Dr Eskander that there were two Form R Part Bs listed on her portfolio, one of which was unreadable and the second of which, dated 14 July 2022, did not mention either the legal proceedings or the plagiarism incident. Dr Eskander responded by email just over an hour later explaining that she had had difficulty uploading the form. She had received notification from Ms K, Education Programme Manager at HEE SW, that Ms K had been unable to open them and Dr Eskander had then resent the form explicitly listing the matter of the plagiarism and the legal proceedings.

174. The Tribunal was provided with a second email chain between Ms K, Dr F and Dr J, in which Ms K confirms that Dr Eskander had had technical difficulties at the time of submission and that she had had to be asked for the form several times. Ms K confirmed that the form she held was the same form as had been uploaded by Dr Eskander to her portfolio on 14 August 2022.

175. The Tribunal had regard to Dr Eskander's witness statement dated 17 February 2025, in which she sets out the technical issues which she experienced when trying to submit the Form R2:

> *"In respect of the R form (2022), I had made multiple submissions and that is evidence that there was some technical glitch encountered. The correct R form was submitted on the third attempt on 21st July 2022 after the communication with Dr J who contacted me to say there was insufficient information on the first two uploaded Form R on 12th and 14th July 2022. I had been in contact with Ms K to advise her of the technical problems that I was experiencing."*

176. In her oral evidence Dr Eskander said that she had experienced technical issues in previous years when trying to submit documentation for the ARCP panel. She said that her online portfolio contained reflections dealing with both the legal proceedings and the plagiarism and that there would, therefore, have been no reason for her to withhold information about them on the Form R2.

177. Mr Brook, on behalf of the GMC, submitted that, having worked in the NHS for as long as she had, Dr Eskander must have known that they used industry standard documents such as Microsoft Word documents or PDFs. He submitted that it was intentional that the form uploaded on 14 July disclosed neither the plagiarism nor the legal proceedings. Mr Brook submitted that the uploading of the 14 July form without the information was intentional and dishonest. He submitted that, following a further request to include the incidents, she then had little choice but to do so in the third version of the form.

178. Mr Cassidy, on behalf of Dr Eskander, submitted that there had been no forensic analysis of what was on Dr Eskander's computer as to what was held and submitted at various times. He submitted that it was not uncommon when people are under pressure for their technical skills to depart them. He submitted that Dr Eskander had given evidence that there had been previous difficulties involving the uploading of the form. Mr Cassidy submitted that Dr Eskander had the eyes of the Deanery on her and that saying that Dr Eskander was deliberately dishonest in uploading the form would have meant that it would have, inevitably, been found out. Mr Cassidy reminded the Tribunal that it was incumbent on the GMC to prove this to the Tribunal on the balance of probabilities and submitted that there was not enough evidence produced to prove that the appropriate standard had been reached.

179. The Tribunal had regard to all the evidence it had read and heard in relation to the submission of the Form R2. The Tribunal had regard to the correspondence between Dr Eskander and Ms K at the time. It considered that it was not in dispute that Dr Eskander had had difficulties in uploading the Form R2 for the 2022 ARCP panel. The dispute was whether she had deliberately and dishonestly submitted an incomplete form on 14 July 2022.

180. The Tribunal considered the content of the three forms, including all of the information submitted by Dr Eskander in the 21 July 2022 form. The Tribunal noted that Dr Eskander had provided information not only of the legal proceedings and plagiarism matter, but she had also completed the XXX section of the form. The Tribunal was of the view that the exclusion of the XXX was probative in determining Dr Eskander's state of mind on submission of the earlier form on 14 July 2022 form. Dr Eskander's XXX was known about and, in the view of the Tribunal she had no reason not to disclose it. She had had time off work earlier that year, XXX, and Dr F who was on the ARCP panel was aware of it. The Tribunal considered that the inclusion of that information on the Form R2 on 21 July 2022 made it more likely that the form which had been submitted on 14 July 2022 was not the complete form which Dr Eskander had intended to submit.

181. The Tribunal further took into account that Dr F was part of the ARCP panel and was aware that Dr Eskander was subject to legal proceedings (albeit that he may not have understood the nature of them). He had specifically directed Dr Eskander in December 2021 to declare the plagiarism matter and legal proceedings in her 2022 Form R so their absence would have been obvious. The Tribunal considered that it would, therefore, have been inherently unlikely that Dr Eskander would have dishonestly sought to exclude them from the Form R. The two matters were also known to her educational supervisor, Dr D, who had prepared a report for the ARCP panel.

182. The Tribunal took into account that Dr Eskander has admitted dishonesty in respect of the plagiarism allegation, and that the Tribunal has found dishonesty in relation to the matters alleged at paragraphs 8(a), (c) and (d) of the Allegation. The Tribunal considered that this may suggest a propensity to act dishonestly. However, the Tribunal reminded itself that its primary focus must be on the evidence directly relevant to the matter specifically alleged.

183. The Tribunal determined that the GMC had not provided sufficient evidence to show, on the balance of probabilities, that Dr Eskander's submission of the 14 July 2022 Form R2 was done with the deliberate intention of withholding information and was therefore dishonest. The Tribunal considered there was a more probable explanation for the conduct which did not include dishonesty. The Tribunal accepted Dr Eskander's evidence that she had saved a number of versions of the form on her computer and had submitted the wrong one in error.

184. Accordingly, the Tribunal has found that Dr Eskander's actions as described at paragraph 6 of the Allegation were not dishonest by reason of paragraph 7(a)(iii). The Tribunal has therefore found paragraph 8(e) of the Allegation not proved.

The Tribunal's Overall Determination on the Facts

185. The Tribunal has determined the facts as follows:

That being registered under the Medical Act 1983 (as amended):

ARCP 1

1. On or around 17 June 2021 you submitted Form R (Part B) ('Form R1') as part of the Annual Review of Competency Progression ('ARCP'), and you failed to disclose that you had a new matter to declare, namely you were involved in legal proceedings in respect of an alleged offence, in that on 18 September 2020 you unlawfully deprived Mr B of his residential occupation of premises, contrary to section 1(2) of the Protection from Eviction Act 1977 ('the Alleged Offence').
Admitted and found proved

Assessment irregularity

2. On 20 October 2021, whilst studying for the Postgraduate Certificate in Healthcare and Biomedical Education at St George's, University of London ('the University'), you submitted as your own work an assignment titled "Reflective Analysis of Assessment and Feedback" ('the Assignment').
Admitted and found proved

3. When you submitted the Assignment, you knew that it was not your own work as it was predominantly the work of Dr A.
Admitted and found proved

4. On 9 November 2021, the University put to you allegations of assessment irregularity in relation to the matters described in paragraphs 2-3.
Admitted and found proved

Application for training post

5. On 9 December 2021 you submitted an application for a training post to Health Education England Thames Valley ('the Application') and, within the Application, you failed to disclose that:

a. you were involved in legal proceedings in respect of the Alleged Offence;
Determined and found proved

b. the University had put to you allegations of assessment irregularity, as described at paragraph 4, which you had admitted.
Admitted and found proved

ARCP 2

6. On or around 14 July 2022 you submitted Form R (Part B) of the ARCP ('Form R2'), dated 3 July 2022, and you failed to declare that you were involved in legal proceedings in respect of the Alleged Offence.
Admitted and found proved

7. You knew:

a. you were involved in legal proceedings in respect of the Alleged Offence when you submitted:

i. Form R1
Admitted and found proved

ii. the Application;
Admitted and found proved

iii. Form R2;
Admitted and found proved

b. the University had put to you allegations of assessment irregularity, as described in paragraph 4, when you submitted the Application.
Admitted and found proved

8. Your actions as described at:

a. paragraph 1 were dishonest by reason of paragraph 7ai;
Determined and found proved

b. paragraph 2 were dishonest by reason of paragraph 3;
Admitted and found proved

c. paragraph 5a were dishonest by reason of paragraph 7aii;
Determined and found proved

d. paragraph 5b were dishonest by reason of paragraph 7b;
Determined and found proved

e. paragraph 6 were dishonest by reason of paragraph 7aiii.
Not proved

Conviction

9. On 19 August 2022 at Warwick Crown Court you were convicted of unlawfully evicting an occupier.
Admitted and found proved

10. On 8 December 2022 you were:

a. fined £2,000;
Admitted and found proved

b. ordered to pay compensation to Mr B of £3,600.
Admitted and found proved

And that by reason of the matters set out above your fitness to practise is impaired because of your:

a. misconduct in respect of paragraphs 1-8;
To be determined

b. conviction in respect of paragraphs 9-10.
To be determined

Determination on Impairment - 02/07/2025

186. The hearing reconvened on 1 July 2025 to continue its consideration of Dr Eskander's case. Dr Eskander was present but no longer legally represented from this point in the hearing.

187. 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 Eskander's fitness to practise is impaired by reason of misconduct and/or a conviction for a criminal offence.

The Evidence

188. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, the Tribunal received further written evidence as set out below. No further oral evidence was given at this stage.

189. On behalf of the GMC, the Tribunal was provided with the sentencing remarks of Recorder Brand dated 8 December 2022 in respect of Dr Eskander's conviction in which

Recorder Brand sets out the background to the criminal offence and the reasons for the sentence imposed.

190. Within the sentencing remarks, Recorder Brand stated that she was satisfied that the relationship between Dr Eskander and Mr B had been entirely amicable before she asked him for more rent. When Mr B did not immediately agree, Dr Eskander was said to be *"peeved"* and *"annoyed".* Mr B had a parrot at the property and this had been a useful excuse to tell him he had to vacate the property. Recorder Brand found that, if Mr B had been given a reasonable period of time to leave, he would probably have done so but telling him he had two weeks prompted him to go to the council. She stated that, in Dr Eskander's correspondence with the Council, Dr Eskander *"displayed an arrogance which was deeply unattractive"* and that, during the last few weeks of Mr B's occupation, he had no proper heating or hot water which Dr Eskander did little to remedy. Recorder Brand found that it was an aggravating feature that Dr Eskander made Mr B homeless during the Covid pandemic when it would have been more difficult for him to find alternative accommodation, as well as keeping his deposit and not repaying the rent he had paid in advance and to which he was entitled. Recorder Brand found that, during the trial, Dr Eskander *"repeatedly lied in an attempt to evade responsibility for what you did and you even stooped to making a false suggestion that Mr B had been threatening towards you"*.

191. Dr Eskander provided a reflective statement dated 29 June 2025 and a bundle of associated documentation, including examples of positive feedback received, educational supervisor reports from 11 July 2022 and 2 February 2024, Dr Eskander's PGCert HBE dated 8 August 2022, and Continuing Professional Development (CPD) certificates dated 17 November 2024 for *'How to ensure a similar mistake or misconduct will not be repeated in future'* and *'Module on remediation'*. Dr Eskander also presented a poster on the West Nile virus at the Association of British Neurologists Annual Meeting 2025. Further, Dr Eskander provided an essay on the human brain that was published within a book entitled *'The Theology of Medicine and the Unique Design of the Human Body'*.

192. Within Dr Eskander's reflective statement, she wrote that she "*totally accepted all the findings of the Tribunal".* She stated that she wished to reassure the Tribunal that she had "*deeply reflected and taken actions accordingly, to ensure that no similar incidents could happen in the future*". Dr Eskander referred to her clinical practice, including that she has continued to deliver teaching to peers in regional meetings as well as to medical students. She stated that she continues to foster a deep love and passion for her career and vocation and feels privileged to be able to build strong relationships with her patients and work hard

to care for them. Dr Eskander stated that she intended to continue attending extracurricular courses to boost her self-awareness.

193. Further, Dr Eskander referred to her conviction and stated that it was the most traumatic and distressing time of her life. She stated that she wholeheartedly regretted *"the entire episode and was devasted by the outcome as has been presented by the GMC"*. Dr Eskander stated that she now rented out her flat in a completely different setting, it was managed by a reputable agency, and she did not share it with occupants. Dr Eskander stated that she is truly sorry that her *"errors in judgement led to the outcome of a criminal conviction. I can understand how my actions have brought the profession into disrepute"*.

194. Dr Eskander stated, with reference to the plagiarism, that she had failed to understand the seriousness of the academic standards expected of her at the time. She stated that she had shown remorse at the time and continued to successfully complete the qualification. Dr Eskander stated that *"this error of judgement too has brought the profession into disrepute and I fully accept the error"*. She stated that she had completed courses on probity and ethics as well as modules on reflection and remediation. Dr Eskander stated that if there were any possibility of a probity issue in the future then she would immediately contact the GMC and her supervisor or line manager.

Submissions

Submissions on behalf of the GMC

195. Mr Brook submitted that all three limbs of the overarching objective were engaged in this case. He submitted that public safety was engaged in respect of the plagiarism. Mr Brook submitted that, if a doctor is willing to resort to dishonesty and to present the work of another in the hope of obtaining a qualification for use in the medical profession, this raises questions of patient safety in that it is only those who are appropriately qualified through work and study who should pass examinations. Mr Brook acknowledged that Dr Eskander had ultimately achieved the award but she had tried initially to get it through plagiarism.

196. Mr Brook set out the law on impairment by reason of misconduct and/or conviction. He said that he was doing this in fairness to Dr Eskander who was unrepresented and likely to be unfamiliar with the law. He referred to the case of *Roylance v GMC* [2000] 1 AC 311, where '*misconduct'* is described as:

"… a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word "professional" which links the misconduct to the profession of medicine. Secondly, the misconduct is qualified by the word "serious". It is not any professional misconduct which will qualify. The professional misconduct must be serious."

197. Mr Brook cited the case of *Calhaem v GMC* [2007] EWHC 2606 (Admin) in which it was said that:

"Mere negligence does not constitute "misconduct"… depending upon the circumstances, negligent acts and omissions which are particularly serious may amount to "misconduct"… a single negligent act or omission is less likely to cross the threshold of "misconduct" than multiple acts or omissions. Nevertheless, and depending upon the circumstances, a single negligent act or omission, if particularly grave, could be characterised as "misconduct"."

198. Mr Brook further referred to *Meadow v GMC* [2006] EWCA Civ 1390 and the need for any misconduct to be serious. He reminded the Tribunal that in *Nandi v GMC* [2004] EWHC 2317 (Admin), '*misconduct'* had been referred to as *"conduct which would be regarded as deplorable by fellow practitioners"*. However, in *Mallon v GMC* [2007] ScotCS CSIH_17, it had been said that the reference in Nandi tended to obscure rather than assist understanding and that, given the *"infinite varieties of professional misconduct, and the infinite range of circumstances in which it can occur, it is better… not to pursue a definitional chimera"*. Mr Brook reminded the Tribunal of the case of *Aga v GMC* [2012] EWHC 782 (Admin) in which it was said that it is a matter best left to the judgement of the relevant Tribunal in light of its experience.

199. Mr Brook submitted Dr Eskander's conduct amounts to misconduct which is serious. He took the Tribunal through the matters admitted by Dr Eskander and those which it had determined and found proved in the Allegation. Mr Brook stated that they are serious matters involving issues of probity and candour and that Dr Eskander's actions had brought the profession into disrepute.

200. In relation to the question of impairment, Mr Brook again set out the law. He referred to the approach set out by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of *CHRE v NMC & Grant* [2011] EWHC 927 (Admin), in which she set out a series of four questions which may indicate whether or not impairment is indicated:

> *"Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:*
>
> *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."*

201. Mr Brook stated that Dr Eskander has admitted in her statement that she has brought the profession into disrepute on at least two occasions. Mr Brook submitted that the plagiarism was a breach of a fundamental tenet in that she had tried to obtain a qualification by dishonest means. Mr Brook said that Dr Eskander had admitted dishonesty in respect of some of the alleged facts and the Tribunal had found dishonesty in respect of other alleged facts. Mr Brook submitted that this could be a case where there is a dishonest trait in the doctor and where her probity and candour generally are demonstrated to be questionable across the board.

202. Mr Brook referred to the case of *Cohen v GMC* [2008] EWHC 581 (Admin) in which it was said that it must be *"highly relevant"* in determining if a doctor's fitness to practise is impaired whether *"first, his or her conduct which led to the charge is easily remediable; that, second, it has been remedied; and, third, that it is highly unlikely to be repeated"*.

203. Mr Brook also referred to the case of *Cheatle v GMC* [2009] EWHC 645 (Admin) and reminded the Tribunal that, in approaching the decision on impairment by reason of misconduct, the Tribunal should be mindful of the two-stage process to be adopted: first whether the facts as found proved constitute 'misconduct', and then whether the misconduct that has been found could lead to a finding of impairment.

204. Mr Brook stated that the GMC relied on the case of *Yeong v GMC* [2009] EWHC 1923 (Admin), in which it was said that there will be occasions where impairment of fitness to practise must be found, as a matter of public policy, in order to uphold public confidence in the profession where to make no such finding would have an adverse impact on public confidence in the profession and the GMC/MPTS.

205. Mr Brook cited *Grant* (full case citation above):

> *"In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances."*

206. Mr Brook stated that the Tribunal should avoid a mechanical tick box by confining their assessment of impaired fitness to practise using the threefold test referred to in *Cohen*.

207. Mr Brook referred to Dr Eskander's earlier statement at the fact-finding stage, in which she had responded to the plagiarism allegation. He also quoted Dr F who, in his witness statement dated 19 May 2023, had said in respect of his discussions with Dr Eskander around her communication with the recruitment team, that the narrative provided by Dr Eskander *"was factually ambiguous, misleading, and inaccurate"*. Mr Brook suggested that the Tribunal might think this applied across the board. He stated that Dr Eskander tended to minimise or water down descriptions of her actions, without accepting full responsibility for what she had done.

208. Mr Brook referred to Dr Eskander's statement dated 29 June 2025, which she had provided for this stage of proceedings. He submitted that while Dr Eskander had stated that she had '*deeply reflected*', he could find no deep reflections within the evidence before the Tribunal. He observed that Dr Eskander was still referring to Mr B as a lodger when the court had clearly found that he was a tenant and not a lodger, and this was why she had been convicted of the offence.

209. Mr Brook referred to the sentencing remarks of Recorder Brand, as summarised above. Mr Brook stated that Dr Eskander had set out in her statement the effects of her actions upon herself only. To her credit Dr Eskander had conceded that the profession had

been brought into disrepute by her conduct and she had apologised for those errors of judgement for which she had taken ownership. However, Mr Brook questioned Dr Eskander's use of the phrase "*failed to understand the seriousness of academic standards expected"* in respect of her admitted plagiarism. Mr Brook asked what this meant and suggested that her plagiarism had nothing to do with understanding "*the seriousness of academic standards expected*" and instead was an issue that submitted work should be one's own and should not be copied from someone else.

210. Further, Mr Brook observed that there was no information as to the content of the two CPD courses for which there were certificates of completion within Dr Eskander's bundle of documentation. He noted that the courses were both completed on the same day, before the Tribunal's determination on the facts, and there were no details about the format or content of them. Mr Brook suggested that this 'smacks of box ticking'.

211. Mr Brook submitted that Dr Eskander's fitness to practise is currently impaired. He submitted that there was a lack of insight and remediation by Dr Eskander into her conviction, the plagiarism, and the dishonesty matters. Mr Brook submitted that Dr Eskander appears to have an ingrained character trait of dishonesty.

212. Mr Brook highlighted a reference within the 2024 report from Dr Eskander's educational supervisor in relation to the Multiple Consultant Reports (MCRs) she had undertaken. Dr Eskander had reportedly commented that she had *"shied away"* from asking more senior members of the department for their feedback as she *"was a little anxious that she might get bad feedback"*. Mr Brook suggested that this was an example of Dr Eskander manipulating feedback in the hope of presenting herself in the best light. Mr Brook submitted that this did not demonstrate openness and candour.

213. Whilst making clear that the GMC did not rely on this case law, Mr Brook referred to various cases on dishonesty which he said might assist Dr Eskander and which her legal representatives might have cited, had she been represented. He referred to the case of *Professional Standards Authority for Health and Social Care v GMC and Uppal* [2015] EWHC 1304 (Admin), as authority for the proposition that even in cases of proven dishonesty there should not be an automatic assumption of impairment of fitness to practise. He said that the case indicated that, in some instances, a finding of misconduct would be sufficient to maintain public confidence in the profession without the need for a finding of impairment. However, he noted that it was also said in that case that it would remain unusual for a registrant with a dishonesty finding against them to avoid a finding of impairment.

214. Mr Brook also referred to the case of *GMC v Chaudhary* [2017] EWHC 2561 (Admin), in which it was said that a finding of impairment does not inevitably flow from a finding of dishonesty and that the Tribunal is entitled to look at the dishonesty in context. In doing so, however, the Tribunal must give proper weight to all three elements of the overarching objective.

215. In conclusion, Mr Brook reminded the Tribunal that the overarching concern is public protection and the public interest (and not the interest of the individual practitioner) in maintaining confidence in the profession and upholding standards in the profession as a whole. Further, that a finding of dishonesty is particularly serious in that a profession's most valuable asset is its collective reputation and the confidence which that inspires. He submitted that an act of dishonesty is a breach of a fundamental tenet of the profession.

Submissions from Dr Eskander

216. Dr Eskander referred the Tribunal to her statement dated 29 June 2025. She said that she had clearly emphasised in the statement that she had fully accepted the findings of the Tribunal and had apologised and acknowledged all her previous errors. Dr Eskander referred to the passage of time in that it had been four years since those matters which had brought her before the Tribunal had taken place. She said that she had done as best she could to demonstrate what she has been doing since. She stated that there have been no issues raised in relation to her practice in the years that have lapsed.

217. Dr Eskander referred to the probity and ethics courses she had undertaken. She stated that she had learned that probity and ethics do not solely entail avoiding dishonesty, but also entail clarity in communication and documentation. Dr Eskander referred to the multisource feedback, the MCRs and the comments from her educational supervisors which she had provided to the Tribunal. She stated that she had clinical examples of clarity in her documentation where she had followed the reflective practice that she had learned from the courses. Dr Eskander stated that she had also applied what she learned from the modules to the poster she had presented at the Association of British Neurologists conference in that she followed the ethical protocol of obtaining written consent from the patient who had been overseas.

218. Dr Eskander referred to comments from her educational supervisor that she had demonstrated a keenness to learn and understanding of the importance of clinical

documentation. She referred to comments from the MCRs that had been undertaken, where she had been marked as '*above expectation*' for care and compassion towards patients and it was said that she had raised and discussed any questions after consultations.

219. She responded to Mr Brook's observation around the reference to the term '*lodger*' within her recent written statement. Dr Eskander said that she fully accepted the criminal conviction and all the findings of the court case (and had done so right from the start). She stated that the use of this term came from the findings in the criminal court case, which stated that she had kept a room for herself. Dr Eskander stated that she wanted to clarify that she no longer occupies a room for herself in the property. She stated that the term used was in no way an attempt to undermine or deny the criminal conviction, which she had acknowledged, admitted, and reflected upon.

The Relevant Legal Principles

220. The Legally Qualified Chair (LQC) gave legal advice to the Tribunal. The LQC endorsed Mr Brook's references to the relevant case law, as set out above. She reminded the Tribunal of the key principles of law that are derived from those cases, as set out below:

221. At this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.

222. The Tribunal must take into account all the documentary evidence received during the fact-finding stage of the hearing, and the additional documentary evidence presented at this stage. The Tribunal will want to have regard to the submissions of both parties but that submissions are not evidence.

223. The Tribunal is considering two possible grounds of impairment

- One: whether Dr Eskander's fitness to practise is impaired by reason of her conviction, and
- Two: whether her fitness to practise is impaired by reason of misconduct

and it is open to the Tribunal to find that Dr Eskander's fitness to practise is impaired on either, both, or neither of those grounds.

<u>Conviction</u>

224. The LQC reminded the Tribunal that Dr Eskander was convicted on 19 August 2022 of unlawfully evicting an occupier following a criminal prosecution by Warwickshire District Council. On 8 December 2022 she was fined £2,000 and ordered to pay Mr B, her former tenant, £3,600 in compensation. The Tribunal has a copy of the sentencing remarks of Recorder Brand dated 8 December 2022.

225. The Tribunal should consider whether the nature, circumstances and seriousness of the matters which led to the conviction are such that Dr Eskander's fitness to practise is currently impaired by reason of it. There is no set standard of seriousness or culpability for these purposes; it is a question of fact and degree and will depend on the Tribunal's evaluation of the circumstances of this particular case.

Misconduct

226. The LQC reminded the Tribunal that, in determining whether a practitioner's fitness to practise is impaired by reason of their misconduct, there is a two-stage process. The Tribunal must first determine whether the facts found proved (or any of them) amount to misconduct. If it finds that the answer to that question is 'yes', it must go on to determine whether Dr Eskander's fitness to practise is currently impaired by reason of that misconduct.

227. These are two distinct questions - so, whilst the Tribunal might find that Dr Eskander's actions amount to misconduct it does not necessarily follow that her fitness to practise must thereby be impaired.

228. The LQC stated that 'misconduct' is not defined within the Medical Act 1983, or the Rules, and there is no comprehensive definition to be found within case law. There is however a line of cases where the Courts have considered what may or may not amount to a finding of misconduct and these are set out in Mr Brook's submissions, a copy of which the Tribunal had in writing. In summary, misconduct is a falling far short, or seriously short, of the standards to be expected of a medical practitioner in the particular circumstances.

229. The LQC stated that the Tribunal should give the word '*serious*' proper weight. In other contexts it has been referred to as *"conduct which would be regarded as deplorable by fellow practitioners"* and the word '*deplorable*' gives a measure or indication of the extent to which conduct could be found to have fallen short of what is expected in the circumstances.

230. The LQC stated that the rules and standards for medical practitioners can be found in the relevant provisions of Good Medical Practice and in this case the Tribunal will be considering Good Medical Practice (2013) ('GMP'). The Tribunal should consider whether Dr Eskander has breached any of those provisions, the extent of any such breach, and the circumstances or context in which the breach occurred. The LQC stated that the mere fact that a doctor may have breached the principles of GMP did not, in and of itself, establish misconduct and, whether it does, is a matter for the judgment of the Tribunal having regard to all the circumstances of the case.

Dishonesty

231. The LQC reminded the Tribunal that Mr Brook had taken it through the legal authorities on dishonesty in regulatory proceedings and had quite rightly highlighted cases which may assist Dr Eskander.

232. The LQC stated that the starting point is that dishonesty by a doctor is almost always extremely serious. It will be particularly serious where it occurs in the performance of a doctor's duties or involves a breach of the trust placed in a doctor by the community. It will be serious when it is repeated, persistent or covered up. It will be no less serious whether the dishonesty relates to matters going to registration or whether it occurs in the context of a job application where it undermines the proper operation of the system of medicine and of appointments to medical positions.

233. It has been said that findings of dishonesty lie at the top end of the spectrum of gravity of misconduct. That said, increasingly, the regulators and courts have recognised that there is a spectrum of seriousness of dishonesty.

234. The Courts have found that dishonesty while always serious may be less serious where it was a one off, isolated incident; where there was no or little financial or other material benefit derived by the doctor from the dishonesty; or where the dishonesty was an uncharacteristic lapse in what may be described as *"front-line"* challenging clinical situations involving direct interaction between professional and patient (or patient's relative).

235. The LQC stated that each case turns on its own facts and the Tribunal should consider very carefully where Dr Eskander's dishonesty lies on that spectrum.

236. The LQC reminded the Tribunal that it had found dishonesty by reason of:

- Dr Eskander's failure to declare her involvement in legal proceedings when completing a Form R as part of the ARCP in 2021;
- the submission of an assignment which Dr Eskander knew not to be her own work in October 2021; and
- Dr Eskander's failure to disclose, when submitting an application for a training post in December 2021, either that she was involved in legal proceedings or that allegations of assessment irregularity had been put to her by the University where she was studying for a PGCert HBE.

237. The LQC stated that the Tribunal must make its own mind up about the nature, character, context and seriousness of Dr Eskander's proven dishonesty, where on the spectrum it lies, and whether it is sufficiently serious as to amount to misconduct.

Impairment

238. The LQC reminded the Tribunal that not every case of misconduct leads to a finding of impairment. Likewise, not every conviction will give rise to a finding of impairment.

239. There is no comprehensive or all-embracing definition of impairment; it is a matter of judgment for the Tribunal. The Tribunal may be assisted by considering the approach set out by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of *Grant*, as quoted above.

240. The Tribunal must determine whether Dr Eskander's fitness to practise is impaired today. A finding of past impairment does not necessarily lead to a conclusion of current impairment, although, in making a determination as to current impairment the Tribunal will have to have regard to the findings of fact it has made as to Dr Eskander's past conduct.

241. The LQC stated that the Tribunal will need to have regard to any evidence it has as to events subsequent to any proven misconduct and the conviction. She reminded the Tribunal that these matters now date back to 2021. The Tribunal should consider any evidence of Dr Eskander's insight, or expressions of remorse or apology. Where there has been an admission of dishonesty to some parts of the Allegation, the Tribunal should consider the timeliness of that admission and the circumstances in which it was made.

242. The LQC stated that where, at the fact-finding stage, Dr Eskander maintained innocence in respect of some parts of the Allegation, this should not be equated with lack of insight. Denial of misconduct or dishonesty is not an absolute bar to a finding of insight. Where a practitioner denies the underlying misconduct, they can demonstrate that, even though they dispute that their conduct was wrong, they have put in place the necessary strategies to recognise if it arose again and to prevent it. However, their attitude to the underlying allegation is properly to be taken into account when weighing up insight. Where the doctor continues to deny impropriety, that makes it more difficult for them to demonstrate insight.

243. The assessment of the extent of insight is a matter for the Tribunal, weighing all the evidence and having heard the doctor.

244. The LQC reminded the Tribunal that it should ask itself whether the misconduct found is capable of remedy; whether it has been remedied; and whether it is highly unlikely to be repeated. The Tribunal should consider any steps that the doctor may have taken towards remediation of the misconduct (including the dishonesty).

245. Insight has been described as *"an acknowledgment or appreciation of failings"*. It is concerned with future risk of repetition. To that extent, it is to be distinguished from remorse for the past misconduct.

246. The LQC stated that the questions of insight and risk of repetition are distinct questions but are closely related. A lack of insight can often be highly relevant to the question of whether there is a risk of repetition and, in particular, to an assessment of the degree of that risk. It is implicit that insight is material to ensure that a doctor has realised that they have indeed gone wrong and therefore will not do anything similar in the future.

247. It has been said that misconduct involving personal integrity that impacts on the reputation of the profession is harder to remediate than poor clinical performance. That is not to say that there are no steps that a doctor can take to remediate their dishonest conduct (and the Tribunal has had evidence from Dr Eskander on steps she has taken in that regard). However, the Tribunal must not lose sight of all three limbs of the overarching objective, that is:

a. To protect, promote and maintain the health, safety and wellbeing of the public;

b. To promote and maintain public confidence in the medical profession; and

c. To promote and maintain proper professional standards and conduct for members of that profession.

248. The Tribunal should ask itself not only whether the practitioner continues to present a risk to members of the public in her current role but also whether the need to uphold proper professional standards and public confidence in the medical profession would be undermined if a finding of impairment were not made in the particular circumstances.

249. The LQC said that, in respect of dishonesty, it has been said that:

> *"The consequences of a finding of dishonesty in the professional regulatory context are likely to be so profound, in terms of the overarching regulatory objective, that the factors on the other side, viewed as a whole, will need to be extremely strong, in order for a finding of no impairment to be justified. Competing factors of the required overall strength are unlikely to be frequently encountered."*

250. Finally, the LQC reminded the Tribunal of the need to give reasons for any decision it makes.

The Tribunal's Determination on Impairment

Conviction

(Paragraphs 9 and 10 of the Allegation)

251. The Tribunal first considered whether Dr Eskander's fitness to practise is currently impaired by reason of her conviction.

252. The Tribunal had regard to the context, nature and seriousness of Dr Eskander's conduct which had led to her conviction. It reminded itself that the context of the criminal offence was a dispute between a landlord and tenant, which might ordinarily be considered to be a civil matter which would not come to the attention of the regulator. However, the Tribunal considered that there were good reasons why such conduct is illegal in that a tenant is rightly entitled to protection from eviction from their home without the correct legal steps having been taken.

253. The Tribunal noted that the context of the criminal offence was that Dr Eskander had evicted Mr B during the Covid pandemic at a time when he may have found it difficult to find alternative accommodation.

254. The Tribunal was concerned that Dr Eskander was advised by the Council of its understanding of Mr B's status as a tenant and the legal process she should follow to secure possession of her property. She had been warned '*in clear terms*' that she would be committing a criminal offence if she did not comply with the law. However, Dr Eskander had disregarded this advice which the Tribunal found to have been a wilful decision on her part.

255. The Tribunal considered that paragraph 1 of GMP was engaged in this case, in that:

> *"Patients need good doctors. Good doctors make the care of their patients their first concern: they… act with integrity and within the law." (Tribunal's emphasis added)*

256. The Tribunal was of the view that Dr Eskander had shown a disregard for the law and that the conduct which led to her conviction was not conduct that is expected of a doctor. She had put her own interests over the interests of her tenant and had evicted him with only two weeks' notice during the Covid pandemic without information to confirm that he had somewhere else to go. She had then retained his deposit and had not repaid the rent which he had paid in advance and to which he was entitled.

257. The Tribunal carefully considered whether Dr Eskander had demonstrated insight into the conduct which had led to her conviction such that it was highly unlikely that she would act in the same way again. The Tribunal noted that while Dr Eskander had stated, *"I emphasise how truly sorry I am that my errors in judgement led to the outcome of a criminal conviction"*, it could find no evidence of any insight into the impact of her actions upon Mr B. Nor had she reflected upon her actions in wilfully disregarding the law nor demonstrated any insight into the importance of upholding the law in general.

258. Notwithstanding the lack of insight by Dr Eskander, the Tribunal considered that there were particular features of the case which made the risk of repetition of Dr Eskander committing a further criminal offence very low. It took into account that the offence had been committed during Covid, at a time when Dr Eskander was under significant pressure in the workplace. The Tribunal accepted that Dr Eskander has since changed the arrangements in place for renting out her flat and is now using a property agent and has formal processes in place. There has also been no evidence of any other criminal conduct by Dr Eskander either before or since these matters. While the Tribunal reiterates its concern that Dr Eskander had

been warned that non-compliance with the law would amount to a criminal offence but had carried on regardless, the Tribunal considers that the unique circumstances of the case mean that she is highly unlikely to act in a similar way in future.

259. Accordingly, while the Tribunal considered that Dr Eskander had failed to have regard to the impact of her actions on Mr B and that in so doing had failed to protect, promote and maintain the health, safety and wellbeing of a member of the public, it does not find that the conviction gives rise to an ongoing public safety concern. However, the Tribunal was in no doubt that Dr Eskander's conviction raises public interest concerns, and that the public would be rightly concerned by a doctor who had acted as Dr Eskander had done and had been criminally convicted as a result. The Tribunal determined that Dr Eskander has in the past brought the medical profession into disrepute and, in failing to comply with the law, has breached one of the fundamental tenets of the medical profession. The Tribunal found that Dr Eskander's conviction was serious in that it represented a wilful breach of the law. The Tribunal determined that the need to uphold proper professional standards and public confidence in the medical profession would be undermined if a finding of impairment were not made in the particular circumstances.

260. In all the circumstances, the Tribunal has therefore determined that Dr Eskander's fitness to practise is impaired by reason of a conviction for a criminal offence.

Misconduct

261. The Tribunal next considered whether those facts as admitted and/or found proved at paragraphs 1 to 8 of the Allegation (not including paragraph 8(e)) are sufficiently serious so as to amount to misconduct. It determined that it would consider Dr Eskander's actions chronologically, as it had done at the fact-finding stage, under the headings set out within the Allegation, and that it would include its assessment of the seriousness of any dishonesty in relation to the underlying matter to which it related.

ARCP1
(Paragraphs 1, 7(a)(i) and 8(a) of the Allegation)

262. The Tribunal reminded itself that, at the fact-finding stage, it had found that Dr Eskander was dishonest in her completion of the Form R1 submitted on 17 June 2021 in that she knew that she was involved in legal proceedings in respect of the Alleged Offence at the time she submitted Form R1 and had chosen not to disclose this. The Tribunal has previously rejected her evidence that it did not occur to her to declare the legal proceedings in the Form R in circumstances where she had appeared at the Coventry Magistrates' Court the previous month and had elected trial by jury in the Crown Court.

263. The Tribunal considered that Dr Eskander's dishonest conduct was serious. It reminded itself that the Form R is an important document by which a doctor in training can self-declare any concerns about complaints, serious untoward incidents, investigations, or significant events which then enables the Dean as the Responsible Officer to be sighted of those matters and to determine whether the doctor in training is fit to practise. The Tribunal has found that in not disclosing the matter on the Form R, Dr Eskander had sought to avoid further enquiry into the exact nature of the legal proceedings against her and the conduct that had led to them, pending a conclusion to the proceedings.

264. The Tribunal found that the Form R had provided an opportunity for Dr Eskander to be open and honest about the ongoing legal proceedings and that, in not making that disclosure, she was depriving others of the opportunity to look at and consider the information, in the hope that nothing would come of it. Her Dean as the Responsible Officer was thereby prevented from making further enquiry into her fitness to practise.

265. The Tribunal determined that Dr Eskander's dishonest actions represented a serious departure from the following paragraphs of GMP:

> *"65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*
>
> *68 You must be honest and trustworthy in all your communication with… 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.*
>
> *71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.*
>
> *a You must take reasonable steps to check the information is correct.*

b You must not deliberately leave out relevant information."

266. The Tribunal reminded itself that the starting point is that dishonesty by a doctor is almost always extremely serious. The Tribunal took into account that this was dishonesty within a professional context. The Tribunal accepted that there is a spectrum of seriousness of dishonesty. It concluded that Dr Eskander's dishonest conduct, while not the most serious on that overall spectrum, fell far short of the standards of conduct reasonably to be expected of a doctor and was sufficiently serious so as to amount to misconduct.

Assessment irregularity
(Paragraphs 2 to 4 and 8(b) of the Allegation)

267. The Tribunal reminded itself that Dr Eskander has admitted, and the Tribunal has found, that Dr Eskander dishonestly submitted the Assignment which she knew to be predominantly the work of Dr A. The Turnitin report demonstrated a text match of 92% with the work of Dr A and that only 100 words out of approximately 1700 words were original to Dr Eskander (a proportion of these were a result of tracked changes made by Dr Eskander's course tutor when proof-reading).

268. The Tribunal reminded itself of the context in which the plagiarism happened. Dr Eskander's academic performance on the PGCert HBE course was poor. She was struggling to complete assignments on time and was having to redo assignments at the same time as undertaking new assignments. It was also noted that there was *"a notable discrepancy between her written work and the high quality of her teaching performance".*

269. The Tribunal further reminded itself that the course Dr Eskander was undertaking was being delivered and completed during the Covid pandemic and at a time when she was under considerable academic and workplace pressure. Whilst the context here is important, the Tribunal determined that this did not and could not reduce the seriousness of Dr Eskander's dishonest actions. Academic and workplace pressure do not provide mitigation for a deliberate decision to plagiarise the work of another.

270. The Tribunal noted that in her oral evidence at the fact-finding stage, Dr Eskander had recognised that this was a serious matter and had said that she felt ashamed of her actions and the potential damage to her reputation. She also immediately admitted her actions when challenged by the University and offered her apologies.

271. The Tribunal found that Dr Eskander's dishonest actions represented a serious departure from the principles in paragraphs 65, 68 and 71 of GMP, as quoted above, including that she should have made sure her conduct justified the trust placed in her. The Tribunal was in no doubt that fellow practitioners would find her actions deplorable.

272. In all the circumstances, the Tribunal has concluded that Dr Eskander's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

Application for training post
(Paragraphs 5, 7(a)(ii), and 8(c) and (d) of the Allegation)

273. The Tribunal reminded itself of its findings on the Facts in respect of Dr Eskander's actions in respect of the Application for the training post. Dr Eskander has admitted and the Tribunal found proved that she failed to disclose the allegations of assessment irregularity when submitting the Application. The Tribunal has found that this conduct was dishonest.

274. The Tribunal has also found proved that she dishonestly failed to disclose the ongoing legal proceedings when she was under an obligation to do so. The Tribunal has found that Dr Eskander's actions in answering '*no*' to the various declarations in the Application were aimed at preventing legitimate enquiry into any possible concerns about her conduct and that she had consistently downplayed the seriousness of the legal proceedings by her descriptions of them as *"a civil matter"*.

275. The Tribunal considered that the recruitment process was an opportunity for Dr Eskander to be open and honest about the legal proceedings and the allegations of assessment irregularity. The Tribunal determined that, in not making that disclosure at the time of her Application, she was again depriving others of the opportunity to look at and consider the information. Further, she had subsequently been encouraged by Dr F to disclose the plagiarism to the recruiter but had not done so until after she was offered the post in April 2022. It found her evidence at the fact-finding stage that Dr F had not provided a timescale within which she should provide the information to be self-serving and disingenuous. The Tribunal reminded itself of the evidence of Dr F that he was surprised to learn in the summer of 2022 that Dr Eskander had not disclosed the plagiarism to the recruiter until April 2022. He also considered that the communication that she did eventually send to the recruiter on 20 April 2022 may have been "*a deliberate attempt to downplay the plagiarism incident*". The Tribunal has found that Dr Eskander's actions suggested that she

had chosen to ignore any encouragement to disclose the plagiarism incident and/or had sought to downplay the seriousness of it.

276. The Tribunal determined that Dr Eskander's dishonest actions represented a serious departure from the principles in paragraph 65, 68 and 71 of GMP, as quoted above, in that she deliberately and dishonestly left out relevant information as part of a recruitment process for a new role. The Tribunal considered that this was dishonesty which was serious.

277. Overall, the Tribunal considered that Dr Eskander knew the importance of declaring such matters within the recruitment process and failed to disclose the two matters knowingly and dishonestly. She restricted the information available to suit her own best interests.

278. In all the circumstances, the Tribunal has concluded that Dr Eskander's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

ARCP2
(Paragraph 6 and 7(a)(iii) of the Allegation)

279. The Tribunal reminded itself that Dr Eskander has admitted and the Tribunal has found proved that she submitted Form R2 on 14 July 2022 and failed to declare that she was involved in ongoing legal proceedings. The Tribunal, in its findings on the facts, found paragraph 8(e) of the Allegation not proved, and therefore that Dr Eskander's actions in this regard were not dishonest. The Tribunal accepted Dr Eskander's evidence that she had saved a number of versions of the Form R2 on her computer and had submitted the wrong one in error.

280. The Tribunal considered whether its findings in respect of paragraphs 6 and 7(a)(iii) of the Allegation, without a finding of dishonesty, were sufficiently serious so as to amount to misconduct. While the Tribunal would wish to highlight the importance of practitioners taking care when completing and submitting the Form R, it determined that Dr Eskander's actions in submitting the wrong form in error were not sufficiently serious so as to amount to misconduct.

281. In all the circumstances, the Tribunal has concluded that Dr Eskander's conduct in respect of paragraphs 6 and 7(a)(iii) of the Allegation did not fall so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

282. In respect of misconduct generally, the Tribunal appreciated that context is important. At the fact-finding stage Dr Eskander provided the Tribunal with information about XXX at the time in question, and of the teaching and workload pressures she experienced during the pandemic. The Tribunal considered these factors as part of its examination of the context and circumstances of her conduct but did not consider that such matters mitigated her dishonesty.

Impairment by reason of misconduct

283. The Tribunal, having found that the facts found proved in paragraphs 1, 2, 3, 4, 5(a), 5(b), 7(a)(i), 7(a)(ii), 8(a), 8(b), 8(c), 8(d) of the Allegation amounted to misconduct, went on to consider whether Dr Eskander's fitness to practise is currently impaired by reason of that misconduct.

284. The Tribunal considered whether the misconduct was remediable, whether it had been remedied and whether it was highly unlikely to be repeated.

285. The Tribunal bore in mind that dishonesty is often said to be difficult to remediate. It reminded itself that Dr Eskander's dishonest conduct was not isolated and that the Tribunal has found three separate instances of dishonest conduct within a six-month period in 2021. Nonetheless, the Tribunal considered that Dr Eskander's dishonest conduct may be capable of remediation. It did not accept Mr Brook's submission that Dr Eskander has a character trait of dishonesty for reasons which are set out below.

286. The Tribunal next considered whether Dr Eskander's dishonest conduct has been remedied such that it is highly unlikely to be repeated. The Tribunal considered the evidence before it as to Dr Eskander's insight, expressions of remorse or apology. It reminded itself that the questions of insight and risk of repetition are distinct questions but that they are closely related.

287. The Tribunal reminded itself that Dr Eskander had admitted parts of the Allegation and had accepted that her actions in relation to the Assignment were dishonest. In her oral evidence, she had also expressed shame about her actions, which the Tribunal found to be genuine.

288. The Tribunal had regard to Dr Eskander's written statement dated 29 June 2025. It reminded itself that she had written,

"I totally accept all the findings of the tribunal, and wish to reassure the panel, that I have deeply reflected and taken actions accordingly, to ensure that no similar incidents could happen in the future."

289. The Tribunal considered that it was to her credit that Dr Eskander had written in her statement that she accepts all of its findings and that she will take actions to ensure no similar incidents could happen in the future. The Tribunal also had regard to her oral submission that insight is an ongoing process.

290. However, the Tribunal was unable to conclude from the evidence before it that Dr Eskander has developed any meaningful insight into the central issue of dishonesty. The Tribunal carefully considered her written statement under the heading '*Apology, Regret and Remediation*'. It observed that Dr Eskander writes about the plagiarism and how it was wrong and about the adverse impact that these matters have had on her. However, there is no reflection on the impact of her actions on her colleagues or Dr A, whose work she had plagiarised. Nor is there any reflection on why plagiarism is wrong or the harms it can cause. The Tribunal further observed that Dr Eskander continues to refer to her past conduct as '*errors of judgement'*; the Tribunal was unable to find any direct reference to dishonesty in Dr Eskander's statement, produced almost four months after the Tribunal's determination on the facts.

291. The Tribunal accepted that Dr Eskander has attended three and a half hours of CPD on matters relating to probity and remediation but found that she was unable to articulate any significant learning or the development of insight which would mitigate the dishonesty which the Tribunal has found. She provided by way of an example of her learning on probity, the fact that she had sought the consent of a patient who was overseas before including information about them in the poster she had produced for a conference. The Tribunal did not consider that this demonstrated an understanding by Dr Eskander as to what led her to her dishonest actions, any changes she has made, and how she would guard against dishonesty in the future. The Tribunal found that while there is evidence that she has the ability to reflect on clinical matters, it has no evidence that she has reflected meaningfully upon the finding of dishonesty.

292. Further, the Tribunal has limited evidence from Dr Eskander of remorse for others as a result of her actions, albeit there is a recognition that certain aspects of her actions have

brought the profession into disrepute. The Tribunal reminded itself that, at the fact-finding stage, Dr Eskander had acknowledged that she had provided no apology to Dr A.

293. With regard to remediation, the Tribunal considered that Dr Eskander had focused on her clinical work. The Tribunal was clear that there have been no issues with Dr Eskander's clinical work and that she receives positive feedback and is working to an acceptable standard. The Tribunal instead wished to understand how Dr Eskander has remediated her dishonesty more generally.

294. The Tribunal concluded that there was nothing before it that would enable it to conclude that she has demonstrated meaningful insight into or remediated her misconduct.

295. It appeared to the Tribunal that Dr Eskander has a persistent tendency to try to avoid matters, bury her head in the sand, and to take the easier route when faced with difficult situations. It also noted the comments from Dr Eskander's educational supervisor that *"She reflected that she tended to answer questions too quickly and to respond impulsively"*. Overall, the Tribunal concluded that while her misconduct may be capable of remediation, considerable in-depth work would be required to achieve this. It did not yet have, in tandem with the lack of insight, evidence of effective steps taken to remediate her misconduct.

296. Having regard to the risk of repetition, the Tribunal determined that in the absence of insight and remediation there remained a real risk that Dr Eskander will repeat the misconduct found proved and thereby bring the profession into disrepute. While the Tribunal accepts that there have been no complaints about her honesty in the period since these matters took place, the Tribunal equally found that she has not developed the insight or taken steps to remedy her misconduct in the intervening period such that it could conclude that she was unlikely to act dishonestly again.

297. The Tribunal determined, with reference to *Grant*, that Dr Eskander has in the past brought the medical profession into disrepute, has in the past breached one of the fundamental tenets of the medical profession, and has in the past acted dishonestly. Further, the Tribunal finds that she is liable to do so in the future without significant further reflection, the development of insight, and the development of strategies to address her avoidant behaviour.

298. The Tribunal determined that the second and third limbs of the overarching objective, in respect of maintaining public confidence and proper professional standards, are clearly

met in terms of Dr Eskander's misconduct. Her dishonesty spanned culpable omissions of relevant information in the ARCP1 Form R and the Application/recruitment process and plagiarism. There had been an attempt by Dr Eskander to subvert the machinery that is in place to uphold standards. The Tribunal emphasised the importance of a doctor being open and honest in all that they do and concluded that a reasonable and well-informed member of the public would be dismayed if no finding of impairment were made in the circumstances of this case.

299. In respect of the first limb of the overarching objective, the Tribunal understood the GMC submissions that the plagiarism could engage this part of the overarching objective but the Tribunal considered this was not made out in the particular circumstances of this case. The assessment was part of a teaching qualification rather than a test of clinical competence and the link to public protection was therefore too remote to establish such a link. The Tribunal also determined that Dr Eskander's misconduct in respect of the ARCP1 Form R and the Application/recruitment process did also not engage this first limb of the overarching objective.

300. In all the circumstances, the Tribunal has therefore determined that Dr Eskander's fitness to practise is impaired by reason of misconduct both for the maintenance of public confidence in the profession and for the promotion of proper professional standards.

Determination on Sanction - 20/08/2025

301. Given references to matters relating to XXX, this determination will be handed down in private but a redacted version will be published following the conclusion of this hearing, with those matters relating to XXX removed.

302. Having determined that Dr Eskander's fitness to practise is impaired by reason of misconduct and conviction, the Tribunal went on to decide, in accordance with Rule 17(2)(n) of the Rules, on the appropriate and proportionate sanction, if any, to impose.

303. On 3 July 2025, the Tribunal started to hear submissions on sanction from the parties. The events of this day are summarised in Annex B. The hearing adjourned part heard on 3 July 2025 and reconvened on 19 August 2025. The Tribunal had the benefit of a transcript of the proceedings on 3 July 2025 when the hearing resumed on 19 August 2025.

The Evidence

304. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching its decision on sanction. The Tribunal received additional written evidence as set out below. Dr Eskander, having made oral submissions at the hearing on 3 July 2025, chose to give oral evidence at the resumed hearing on 19 August 2025.

GMC Evidence

305. On 3 July 2025, Mr Brook provided the Tribunal with a copy of an MPTS Tribunal Circular dated 20 May 2025 entitled *'Impact of suspension/conditions on Doctors in Training.'*

306. On 19 August 2025, the Tribunal was provided with correspondence dated 7 to 9 July 2025 in respect of subsequent enquiries the GMC had made of NHS England as to the impact on Dr Eskander's training number if she were to be suspended or her name erased from the medical register as a result of these proceedings.

Dr Eskander's Evidence

307. On 3 July 2025, in the course of her oral submissions on sanction, Dr Eskander read out a handwritten statement which she had prepared. For the purposes of the resumed hearing on 19 July 2025, she had provided a typed version of that statement. She confirmed in the course of her oral evidence that, in her written statement, she had made some amendments to the earlier handwritten statement she had read out on 3 July 2025.

308. The Tribunal was also provided with the following additional documentation from Dr Eskander by way of an email sent to the MPTS on 15 August 2025:

- A further submissions statement by Dr Eskander;
- Dr Eskander's correspondence with the Warwick District Council in which she sought to make contact with Mr B in order to apologise to him (the Council could not provide Dr Eskander with the details of Mr B for data protection reasons);
- A draft letter of apology from Dr Eskander to Dr A (in the course of the hearing on 19 August 2025, Dr Eskander provided a copy of the email sent to Dr A on 29 July 2025 in which the contents of that draft letter are set out);
- XXX;

- Three '*generic reflection forms'* in which Dr Eskander sets out a short reflection on the plagiarism incident, her eviction of Mr B, and her completion of a job application form;
- A patient survey feedback form based on the responses of 20 patients; and
- XXX.

309. XXX

310. Dr Eskander gave oral evidence to the Tribunal on 19 August 2025. Within her evidence, Dr Eskander adopted her two statements as her evidence in chief. A summary of the statements can be found below. In cross examination, Dr Eskander was asked about a number of topics including the content of her written statements, the chronology of events, and XXX.

Submissions

Submissions on behalf of the GMC - 3 July 2025

311. Mr Brook submitted that the only proportionate sanction is the erasure of Dr Eskander's name from the medical register, and that the lesser sanction of suspension would be inappropriate.

312. In respect of Dr Eskander's conviction, Mr Brook reminded the Tribunal of its conclusions at the impairment stage. He highlighted that the Tribunal had found no evidence of any insight from Dr Eskander into the impact of her actions upon Mr B nor had she demonstrated any insight into the importance of upholding the law in general. Mr Brook reminded the Tribunal that it had found that Dr Eskander had brought the medical profession into disrepute, breached one of the fundamental tenets, was serious and a wilful breach of the law.

313. In respect of Dr Eskander's misconduct, Mr Brook referred to the Tribunal's conclusions at the impairment stage in respect of the ARCP1 Form R, the Application/recruitment process and plagiarism. He stated that the Tribunal had found that Dr Eskander's dishonest conduct was serious and related to three separate instances within a six-month period in 2021. Mr Brook referred to the Tribunal's assessment that there was nothing before it that would enable it to conclude that Dr Eskander had demonstrated meaningful insight into or remediated her misconduct. Further, Mr Brook referred to the

Tribunal's conclusion as to the risk of repetition that, without significant further reflection, development of insight and development of strategies to address her avoidant behaviour, there remained a real risk that Dr Eskander would repeat her misconduct and thereby bring the profession into disrepute again.

314. Mr Brook referred to relevant case law. He reminded the Tribunal that, in *Bolton v Law Society* [1993] EWCA Civ 32, it was said that proven dishonesty in a solicitor would almost invariably lead to them being struck off and that the case applied equally to doctors. It was said in that case that:

> *The reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits, but that is a part of the price."*

315. Mr Brook reminded the Tribunal that each case turns on its own facts, referring to the case of *Abbas v GMC* [2017] EWHC 51 (Admin) in which it was said that *"plainly the individual circumstances of the case must be considered and there can be no universal or inflexible rules in this context"*.

316. Further, in *Atkinson v GMC* [2009] EWHC 3636 (Admin) it was said that:

> *"… erasure is not necessarily inevitable and necessary in every case where dishonest conduct by a medical practitioner has been substantiated. There are cases where… a lesser sanction may suffice and it is the appropriate sanction bearing in mind the important balance of the interests of the profession and the interests of the individual. It is likely that for such a course to be taken, a panel would normally require compelling evidence of insight and a number of other factors upon which it could rely that the dishonesty in question appeared to be out of character or somewhat isolated in its duration or range, and accordingly there was the prospect of the individual returning to practice without the reputation of the profession being disproportionately damaged for those reasons."*

Mr Brook submitted that Dr Eskander's case could be distinguished from *Atkinson* in that the Tribunal has found there to be no meaningful insight.

317. Mr Brook also referred to *Makki v GMC* [2009] EWHC 3180 (Admin), in relation to Dr Eskander's completion of the job application form:

"The degree of dishonesty here and its nature, affecting not registration but qualification and the integrity of the system of job applications, affects something which is every bit as fundamental to the proper respect for the system, to the proper operation of the system of medicine and of appointments to medical positions, as is the system of registration."

318. Mr Brook referred to an extract from *'Hamer's Professional Conduct Casebook'* 4th edition, and said that

"Findings of dishonesty lie at the top end of the spectrum of gravity of misconduct and where there is a finding of deliberate dishonesty coupled with a lack of insight, the case law recognises that in practical terms, a finding of erasure may be inevitable."

Mr Brook submitted that erasure of Dr Eskander's name from the medical register was inevitable in this case.

319. Mr Brook referred the Tribunal to a number of paragraphs within the Sanctions Guidance (5 February 2024) ('the SG'), including paragraphs 107 and 108:

"107. The tribunal may erase a doctor from the medical register in any case – except one that relates solely to the doctor's health and/or knowledge of English – where this is the only means of protecting the public.

108. Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor."

320. He also referred to the following factors within paragraph 109 of the SG, which if present may indicate erasure is appropriate:

"a. A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.
b. A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.

...
d. Abuse of position/trust (see Good medical practice, paragraph 65: 'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession').
...
h. Dishonesty, especially where persistent and/or covered up
...
j. Persistent lack of insight into the seriousness of their actions or the consequences."

321. Mr Brook reminded the Tribunal of the section of the SG headed *'Considering dishonesty'*, including paragraphs:

"124. Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty.
…
128. Dishonesty, if persistent and/or covered up, is likely to result in erasure"

Mr Brook submitted that there had been persistent dishonesty by Dr Eskander, in that there had been three instances over a six-month period.

322. Mr Brook submitted that, if the Tribunal were to disagree with his submission that erasure was the appropriate sanction and were minded to impose a period of suspension, it should be at the higher end in terms of its length.

Submissions from Dr Eskander - 3 July 2025

323. Within her written statement (as originally read out as submissions), Dr Eskander said that she accepted, without reservation, the Tribunal's findings and determinations at the earlier stages of the hearing and did not seek to challenge any part of its conclusions. She

stated that she recognised that her actions constituted serious misconduct and dishonesty. Dr Eskander stated that she was sorry that she had acted dishonestly and that her conduct had breached the standards expected of her as a medical professional. She stated that she took full personal and professional responsibility.

324. Dr Eskander stated that she recognised that her actions, including dishonesty by omission, caused real concern, not only in terms of her personal integrity but also in terms of the impact on public confidence in the medical profession. Dr Eskander said that she had come to understand that dishonesty is not limited to overt deception and includes concealment, avoidance, and the failure to be transparent.

325. Dr Eskander acknowledged that she had failed to disclose material facts in the ARCP in 2021 and in the application process and said that she now understands that she should have been more transparent. She stated that she was deeply sorry for the harm caused by her actions, both to the individuals directly affected and to the wider public trust in the medical profession.

326. Regarding her personal and contextual background, Dr Eskander stated that the index events happened within an exceptionally difficult time of her life. She stated that the Covid pandemic placed enormous pressure on all healthcare workers and that she was no exception. She was managing the demands of frontline clinical work (with critical staff shortages that meant her out of hours rota doubled), academic commitments and personal XXX concerns while isolated and without an adequate support network.

327. Dr Eskander stated that, following the conviction in 2022, she experienced XXX Dr Eskander stated that she now recognised that she was burnt out, frightened and reacting from a place of mental exhaustion rather than reasoned decision making. Dr Eskander stated that she was not making an excuse but that it provided important context. She recognised that she should have sought help rather than trying to carry on alone and making decisions that she deeply regretted.

328. As for the impact of her actions on Mr B, Dr Eskander stated that she sincerely apologised to Mr B for the way her actions have affected him. She stated that she fully accepted that she had acted unlawfully and unethically in evicting Mr B during the Covid pandemic, which was also a moral failure. She had failed to follow the legal procedures of ending Mr B's tenancy and did not provide him with a fair opportunity to secure alternative accommodation. She stated that it pained her to reflect that her decisions might have

contributed to Mr B's position of insecurity and stress during the already challenging time of the Covid pandemic. Dr Eskander stated that she now realised that she did not show the compassion and responsibility expected of her, not only as a landlord, but as a medical professional who is expected to uphold the values of care and integrity in all spheres of life. Dr Eskander stated that she was truly sorry for the suffering she had caused Mr B and that she carried that regret with her every day.

329. Regarding the plagiarism incident and academic dishonesty, Dr Eskander stated that this was a one-off and out of character, which had caused her enormous personal shame. She stated that she utterly regretted her plagiarism and continues to take full ownership of it. Dr Eskander stated that she must emphasise, however, that the act of plagiarism was a single isolated lapse in an otherwise unblemished academic and clinical career. It was an enormous failing made during a period of burnout and distress. Dr Eskander stated that the act undermined the effort and trust of her institution and her colleague Dr A. She stated that she had never plagiarised in any other context in her many years of postgraduate education or in clinical practice. She stated that her clinical work had always been conducted ethically and to a high standard. Dr Eskander stated that she now understood fully why plagiarism is such a serious offence and that it undermines academic integrity and casts doubt on professional trust. She stated that she was sincerely sorry to Dr A.

330. Regarding the dishonesty by omission and its systemic impact, Dr Eskander stated that she accepted the Tribunal's finding that she had omitted relevant information in declarations, ARCP forms and job applications. She acknowledged that she had thereby deprived others of the opportunity to fully assess her suitability.

331. In terms of insight, Dr Eskander stated that she wished to acknowledge the Tribunal's findings on her limited insight. She stated that she fully accepted the Tribunal's conclusion that she had not developed meaningful insight on the central issue of dishonesty. She stated that she has started working with a mentor to develop structured reflection around ethical decision making. Dr Eskander stated that she also accepted the Tribunal's observation that she had referred to her clinical achievements despite there being no question about her clinical competence. She stated that she now understood this was misplaced and it had not been her intention to excuse her misconduct by highlighting good clinical practice.
Dr Eskander asked the Tribunal to recognise that rehabilitation is possible and that she was actively working to achieve it. She stated that she understood that insight is not a destination, but a continuing responsibility, and that she was committed to engaging fully in that journey.

332. Dr Eskander stated that she was grateful that the Tribunal had found that dishonesty was not a core part of her personality. She stated that this was the truth and confirmed that the mistakes she made, while serious, are not reflective of her underlying character. Dr Eskander stated that this finding by the Tribunal had reassured her, and she hoped the Tribunal too, that she is capable of ethical practice and ongoing professional development.

333. Regarding the impact of her misconduct and conviction on the profession and public confidence, Dr Eskander stated that she accepted, without reservation, that her mistakes have brought the profession into disrepute. She stated that her acts were shameful, substandard and failed to reflect the value of honesty which is at the core of medical practice. Dr Eskander also stated that trying to save face is unacceptable and that she should never try to minimise her mistakes.

334. With regard to remediation, Dr Eskander stated that she wished to reassure the Tribunal that the misconduct would never be repeated. She stated that she had completed CPD courses in probity and ethics. Dr Eskander stated that she had also adopted formal systems to avoid repeated errors such as using an external letting agent for her property and seeking guidance promptly when she faces any ethical uncertainty to avoid a repetition of her previous behaviour. She stated that she now handles pressure in a completely different way.

335. Dr Eskander stated that medicine is her vocation and that she remains deeply passionate about clinical care and teaching. She stated that she was not proud of the decisions that had led to this hearing but was determined to use this experience to become a more honest, reflective and trustworthy doctor. She stated that she understood that trust, once broken, is not easily restored and that she did not expect this Tribunal or the public to simply forgive or forget. Dr Eskander stated that she asked only for the opportunity to demonstrate, through sustained conduct and commitment, that she has changed and that she remains worthy of being part of this profession. She stated that she would do her utmost to ensure that her integrity, honesty and compassion will never be called into question again.

Written submissions statement from Dr Eskander

336. In her submissions statement provided to the MPTS on 15 August 2025, Dr Eskander repeated her acknowledgement of the Tribunal's finding of impairment and submitted that any sanction should be proportionate and just, and aligned with the overarching goal of protecting the public, rather than punishing the practitioner. She stated that she

unreservedly accepted that her actions had fallen below the standards expected and she took full accountability for them. Dr Eskander stated that she had reflected deeply on the consequences this has had on those directly affected, including colleagues and members of the public.

337. Dr Eskander stated that she has practised without complaint since the incidents in questions and received positive feedback from those around her. Dr Eskander stated that any restrictive sanction would remove an experienced senior registrar from active clinical service at a time when the NHS is under resourced, especially in the field of neurology. Further, Dr Eskander stated that she had submitted reflection forms on the three core areas and that she had done so to demonstrate her understanding, responsibility and growth.

338. XXX

339. Dr Eskander submitted that a non-restrictive sanction, with or without conditions, would best reflect the nuanced facts, avoid disproportionate harm to patient care, and enable her continued growth and service as a committed NHS clinician.

Cross Examination

340. Mr Brook put to Dr Eskander that she had written her statement after the Tribunal's determination on Impairment. Dr Eskander stated that she did write it after the determination but that it was collation of several reflections that had been ongoing. She repeated this when Mr Brook took her to the transcript of 3 July 2025 and her statement, *"What I have given today in oral submissions was the response to your determination from yesterday"*.

341. Under cross examination, Dr Eskander accepted that her written submissions of 29 June 2025 did not include a statement as to the effect of her actions on Mr B. However, this was not to say that she had not given this thought; it was a brief document and did not express all of her feelings. She was unable to explain the circumstances in which she had deleted Mr B's contact details from her phone. She initially stated that she must have deleted it and then, later, said she had her mobile phone stolen and had lost many contact numbers, which may have included Mr B's.

342. When asked why she had not made earlier attempts to apologise to Mr B in the previous four years, Dr Eskander stated that an apology was a big thing and that Mr Brook did

not know if she had apologised in court. She stated that the Judge had commented on how amicable she had been in her relationship with Mr B. The Tribunal noted that this was a comment from the Judge that the relationship between Dr Eskander and Mr B *"had been entirely amicable before [she] asked him for more rent"* but when he did not immediately agree she was *"peeved"* and *"annoyed"*.

343. Dr Eskander also gave evidence that she had wanted to meet Dr A in person and had tried to get in touch with her on several occasions. She did not accept, when put to her by Mr Brook, that she had only sought to apologise to Dr A after the Tribunal's determination on Impairment was produced.

344. Dr Eskander did not accept that that her written reflections in respect of the plagiarism, in which she said the essay was *"not wholly my own work"*, was a 'watering down' of the reality of the situation. Instead she explained that she had adopted the wording used in other documents.

345. Mr Brook produced a short chronology of events, including in relation to XXX. Mr Brook asked Dr Eskander whether she was saying that XXX excused her behaviour. She stated that she was very clear that she was not saying that. XXX

346. Mr Brook also asked her why she had not used the phrase 'burnout' until this stage of the hearing. Dr Eskander stated that, whilst not using the word before, it was not distinct to what she had previously described. Mr Brook put to her that, with reference to the chronology of events, it was not correct that all of the incidents happened within the same period of extreme burnout. Dr Eskander disagreed with this.

<u>GMC - additional submissions on 19 August 2025</u>

347. Mr Brook submitted that, during Dr Eskander's evidence, it had been difficult to get her to answer a simple question in a straightforward way. He said that Dr Eskander tended to obfuscate, to make speeches on side issues, and to come back with questions of her own. Mr Brook submitted that Dr Eskander's evidence was very vague and was combative when asked questions by him on behalf of the regulator.

348. Mr Brook submitted that Dr Eskander had had several years in which to apologise to Dr A and Mr B and that her reasons for not doing so earlier, which included deleting his contact from her phone and losing her phone, were not worthy of belief. Mr Brook submitted

that Dr Eskander realised that she had fallen short and was being criticised for not having addressed those areas in her evidence at the impairment stage. She had therefore sought to remedy those shortcomings only in response to the Tribunal's critique of her conduct.

349. Mr Brook said that Dr Eskander had made references previously to stress and challenges that she faced in terms of feeling ashamed and regretful of her actions. Mr Brook stated that the Tribunal might think that becoming ineffective through overwork and exhaustion were features of burnout but reminded the panel that there had been no complaints about Dr Eskander's clinical abilities during the same period and that Dr Eskander had accepted under cross-examination that she was given excellent feedback about her teaching of, and support for, students.

350. Mr Brook submitted that, even in Dr Eskander's most recent reflection on the plagiarism, she had continued to downplay the extent of what she did by saying it was *"not wholly my own work"*. Mr Brook reminded the Tribunal that it was found that her assignment was a text match of 92% with Dr A's work.

351. XXX Mr Brook stated that, between the XXX of February 2022 and later XXX, Dr Eskander had continued to perform her clinical duties without issue, albeit under the inherent stressors of the Covid pandemic. He further submitted that there was no evidence of XXX during the earlier period when Dr Eskander had evicted Mr B. Mr Brook submitted that there was no XXX evidence deployed by Dr Eskander at earlier stages of this hearing and that XXX was clearly a late afterthought by Dr Eskander. Further, Mr Brook reiterated that everything the Tribunal was dealing with pre-dated the XXX that Dr Eskander experienced in February 2022.

352. Dr Eskander, in response to Mr Brook's submissions, stated that the evidence she had given was not misleading and that she had attempted to set out a chronology of her interactions with XXX

353. In response to criticism raised by Mr Brook about the handwritten statement which Dr Eskander then provided in typed form, she stated that she had never denied that she had written it after the Tribunal's determination on impairment and then typed it up as requested by the Tribunal. She stated that the content of her statement included various matters upon which she had been reflecting for some time. Further, in terms of her written reflections, Dr Eskander stated that she completely disagreed with any suggestion that she had continued to downplay matters. She stated that she had apologised and shown insight.

Dr Eskander stated that she clearly understood that the plagiarism incident was very wrong and that she had admitted it from the start in every respect.

The Tribunal's Determination on Sanction

354. The Tribunal reminded itself that the decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement.

355. In reaching its decision, the Tribunal has taken account of the SG and of the overarching objective. It has borne in mind that sanctions are not imposed to punish or punish doctors but they may have a punitive effect.

356. The LQC reminded the Tribunal that any sanction imposed must be proportionate, weighing both the interests of the public with those of the practitioner and that the Tribunal should consider the full range of sanctions available starting with the least restrictive. The Tribunal should consider the impact of any sanction upon Dr Eskander both in financial and reputational terms but it will necessarily bear in mind that the reputation of the profession is more important than the fortunes of an individual practitioner. The Tribunal's primary concern is the wider public interest in upholding and declaring proper professional standards and maintaining public confidence in the medical profession.

357. The Tribunal had regard to the additional evidence which it had received and heard at the sanction stage of proceedings. It acknowledged that, whereas at the impairment stage of proceedings Dr Eskander's submissions on insight, remorse, and remediation had been relatively brief, she had expanded on these in her written and oral evidence at the sanction stage. Mr Brook had put to Dr Eskander in cross examination that her written statement at the sanction stage had been produced as a response to the Tribunal's criticisms of her in its determination on impairment. Dr Eskander had disputed this and suggested that her insight had continued to develop over time and that her evidence to the Tribunal at this stage had been a collation of earlier reflections she had produced.

Insight / remediation

358. The Tribunal reminded itself that, in its impairment determination, it had found no evidence of any insight by Dr Eskander into the impact of her actions upon Mr B. Nor had she reflected upon her actions in wilfully disregarding the law. Further, it had concluded that Dr Eskander had failed to develop any meaningful insight into the Tribunal's central finding of dishonesty. Nonetheless, it had found that her dishonest conduct may be capable of

remediation although this would require significant further reflection, the development of insight and the development of strategies to address what the Tribunal considered to be a pattern of avoidant behaviour by her.

359. The Tribunal considered that, in her written and oral evidence at the sanction stage, Dr Eskander has demonstrated that she has taken some further steps on the journey toward developing her understanding of, and insight into, the concerns about her conduct. The Tribunal accepted Mr Brook's submission that this insight had come as a response to the Tribunal's criticisms, some four or five years after the conduct leading to her conviction and her subsequent dishonesty. However, the Tribunal did not consider that this led to the inevitable conclusion that Dr Eskander's developing insight is not genuine. It appeared to the Tribunal that it had taken these proceedings for Dr Eskander to appreciate the extent to which she has fallen short of the standards expected of her and the work that is required to remedy this.

360. In assessing Dr Eskander's evidence at the sanction stage, it was evident that she had found cross-examination challenging. Mr Brook's criticism that some of her answers under the pressure of cross examination were vague and that she obfuscated, was well-founded. However, the Tribunal did not find that she was being deliberately evasive.

361. The Tribunal was of the view that there has been a change in Dr Eskander's approach. Whereas she was previously concerned about the impact of her conviction and misconduct on herself, she has shown partial reflection upon the impact of her conduct on Dr A and Mr B. She has emailed Dr A to apologise to her, having first reached out to try to speak with her face to face. She has also made attempts to obtain the contact details of Mr B in order to send him a written apology.

362. The Tribunal found that these apologies were no less genuine by reason of them having been sent at this late stage, albeit that it had taken the Tribunal's determination on impairment for Dr Eskander to appreciate the impact of her actions on others.

363. While the Tribunal accepted that Dr Eskander had made some progress it was in no doubt that further development of insight and remediation is still required. While there is evidence of improved understanding of the seriousness of her conviction and misconduct, the Tribunal has yet to see sufficient reflection from Dr Eskander about how and why it was that she chose to act dishonestly, even within the context she describes of XXX and the pressures of work and Covid.

364. The Tribunal was of the view that steps, rather than strides, had been made.

XXX

365. XXX

366. XXX

Aggravating and mitigating factors

367. The Tribunal carefully considered whether there were any factors which aggravated or mitigated Dr Eskander's conviction and misconduct.

Aggravating Factor

- *Failure to demonstrate the timely development of insight*

368. The Tribunal has accepted that Dr Eskander has taken some, albeit recent, steps in developing her insight further. However, the Tribunal found that her failure to demonstrate the timely development of insight is an aggravating factor and points to further evidence of what the Tribunal has identified as avoidant traits and a last-minute approach to addressing issues where further, considered, development is still required.

Mitigating Factors

369. The Tribunal had regard to the suggested mitigating factors set out in the SG, and identified the following as being relevant:

- *Evidence that the doctor is adhering to important principles of good practice (ie keeping up to date, working within their area of competence), and of the doctor's character and previous history*

370. The Tribunal was clear that there have been no concerns raised about Dr Eskander's clinical practice and that there is evidence she is abiding by the principles of good practice in her clinical work. Dr Eskander has told the Tribunal she is making sure that she is diligent in declaring matters; the Tribunal accepted this evidence from her. The Tribunal has also been provided with various references from colleagues who are aware of the concerns and speak to Dr Eskander's good character professionally and personally, as well as referring to positive

traits more widely such as loyalty, kindness and generosity. Further, there are no previous regulatory matters raised in respect of Dr Eskander.

- *Personal and professional matters, such as work-related stress*

371. The Tribunal noted that the index events occurred during the Covid pandemic. The Tribunal appreciated the burden upon Dr Eskander at the time of the index events in terms of managing her teaching and increased clinical responsibilities, especially where there was limited resourcing in her department. Whilst it was a challenging time, the Tribunal was clear that this factor did not excuse Dr Eskander's actions and appreciated that many medical professionals would have been working under similarly challenging circumstances. It therefore provides context to Dr Eskander's actions but does not excuse them. Similarly, the Tribunal has found that XXX she experienced in February 2022 provides context but does not mitigate her misconduct. XXX. It again provides context to Dr Eskander's actions but does not excuse them.

- *Lapse of time since an incident occurred*

372. The Tribunal noted that the index events occurred in 2020 and 2021. Dr Eskander has been working since the index concerns arose without apparent repetition of the matters complained of.

No action

373. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Eskander's case, the Tribunal first considered whether to conclude the case by taking no action.

374. Throughout its deliberations, the Tribunal had regard to the relevant paragraphs of the SG including those in relation to dishonesty and convictions. The Tribunal reminded itself as to what it had said in relation to dishonesty and the seriousness of Dr Eskander's conviction in its determination on impairment.

375. The Tribunal noted the guidance within the SG that taking no action following a finding of impaired fitness to practise will only be appropriate in exceptional circumstances.

376. The Tribunal determined that there were no exceptional circumstances that it could identify and that it would, therefore, be insufficient and inappropriate to conclude this case by taking no action.

Conditions

377. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Eskander's registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

378. The Tribunal was of the view that, whilst appreciating it was not an exhaustive list, this case did not fall within any of the categories that are referred to in paragraph 81 of the SG which states that:

> *"Conditions might be most appropriate in cases:*
>
> *a. involving the doctor's health*
> *b. involving issues around the doctor's performance*
> *c. where there is evidence of shortcomings in a specific area or areas of the doctor's practice*
> *d. where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision."*

379. The Tribunal determined that, taking into account all of the circumstances in the case, it would be neither sufficient nor appropriate to direct the imposition of conditions on Dr Eskander's registration. It was unable to formulate any workable conditions to address Dr Eskander's actions and determined that conditions would be insufficient to address the public interest concerns.

380. The Tribunal recognised it had evidence before it that a sanction higher than conditions would mean the automatic removal of Dr Eskander's training number and clearly set back her career progression. Whilst this was a factor to weigh in the balance, the Tribunal was clear that a sanction higher than conditions was required in order to uphold the overarching objective and that the need to maintain public confidence in the profession and to uphold proper professional standards outweighed Dr Eskander's own interests in this regard. The Tribunal considered the seriousness of its findings on impairment and the importance of honesty as the bedrock of the profession.

Suspension

381. The Tribunal then went on to consider whether suspending Dr Eskander's registration would be appropriate and proportionate.

382. The Tribunal had regard to its findings in respect of misconduct/conviction and impairment, as well as the submissions provided by both parties. It had regard to the aggravating and mitigating factors listed above and considered the paragraphs of the SG in relation to suspension, including the following:

> *"91. Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor […].*
>
> *92. Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (i.e., for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).*
>
> *93. Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions."*

383. In terms of paragraph 93 of the SG in particular, the Tribunal reminded itself that it had found in its determination on impairment that the unique circumstances of the matters leading to Dr Eskander's conviction mean that she is highly unlikely to act in a similar way in future.

384. In terms of her misconduct, and in particular her dishonesty, the Tribunal reminded itself that, at the impairment stage, it had found that there remained a real risk of repetition given the absence of insight and remediation by Dr Eskander. However, it nonetheless found that she does not have a character trait of dishonesty but rather a tendency to try to avoid matters, bury her head in the sand, and to take the easier route when faced with difficult situations. The Tribunal has found that she had made progress in the intervening period in terms of the development of insight, which it considered to be positive. It was satisfied that

there is not a significant risk of the repetition of similar behaviour and that the risk of repetition has been reduced by her developing insight.

385. The Tribunal had regard to paragraph 97 of the SG where *"some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate"*. It was of the view that the following factors were present in relation to Dr Eskander's case:

> *"a. A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.*
> *…*
> *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."*

386. In relation to paragraph 97(e), the Tribunal did not have evidence of previous unsuccessful attempts to remediate and Dr Eskander has not shown an unwillingness to engage. With regard to paragraph 97(f), the Tribunal was clear that there was no evidence of repetition since the date of the incidents in 2021. In terms of paragraph 97(g), the Tribunal has found that Dr Eskander has progressed and has developed her insight particularly in the period since the hearing went part heard on the last occasion. The Tribunal was satisfied that Dr Eskander does not pose a significant risk of repeating her previous behaviour but considered that further development of insight and of strategies to address her avoidant behaviour is still required. The Tribunal was reassured that Dr Eskander is heading in the right direction in terms of her insight and remediation but still has some distance to travel.

387. The Tribunal has found that Dr Eskander's conduct did amount to a serious breach of GMP and a departure from the relevant principles. The Tribunal was clear that any sanction lower than suspension would not be sufficient or appropriate to maintain public confidence in the medical profession and to uphold proper professional standards.

388. In all the circumstances, the Tribunal determined that suspension of Dr Eskander's registration would be appropriate and proportionate in this case.

389. As part of its consideration, the Tribunal looked at the relevant paragraphs in the SG on erasure. The Tribunal was of the view that the following sections of paragraph 109 of the SG were relevant in this case:

> *"Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).*
>
> > *a. A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.*
> >
> > *b. A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*
> > *…*
> > *h. Dishonesty, especially where persistent and/or covered up (see guidance below at paragraphs 120–128)."*

390. However, the Tribunal concluded that whilst the behaviours complained of are difficult to remediate, they are not irremediable. The Tribunal has found that Dr Eskander's actions in evicting Mr B amounted to a wilful breach of the law but concluded that the context of her actions together with the very significant impact of having received a criminal conviction meant that this was highly unlikely to be repeated.

391. The Tribunal recognises that Dr Eskander was dishonest on more than one occasion and that she failed to disclose matters which she was duty bound to disclose. The Tribunal reminded itself, however, that there is a spectrum of seriousness of dishonesty and that it had found at the impairment stage that Dr Eskander's dishonest conduct was not the most serious on that overall spectrum.

392. The Tribunal determined that Dr Eskander's actions, whilst a serious breach of GMP, when taken together with her developing insight and recognition of wrongdoing were not fundamentally incompatible with continued registration and that erasure would be disproportionate. It did not think that erasure was required in order to uphold the overarching objective.

393. In terms of the length of the suspension, the Tribunal had regard to paragraphs 99 to 102 of the SG, including paragraph 100 which sets out the factors which are relevant when determining the length of a suspension. They are:

> *"a. the risk to patient safety/public protection*
> *b. the seriousness of the findings and any mitigating or aggravating factors...*
> *c. ensuring the doctor has adequate time to remediate."*

394. The Tribunal was also mindful that, as at paragraph 101 of the SG, its *"primary consideration should be public protection and the seriousness of the findings"*.

395. In all the circumstances, the Tribunal determined that a period of 12 months was necessary and appropriate to mark the seriousness of Dr Eskander's actions. It was of the view that anything less would be insufficient. The Tribunal considered that this adequately reflected the balancing exercise that it has undertaken. It was of the view that the suspension would send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor, whilst also permitting Dr Eskander time to further build upon her progress as to the development of insight and remediation.

Review hearing directed

396. The Tribunal determined to direct a review of Dr Eskander's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Eskander to demonstrate how she has further developed her insight and addressed the behavioural issues identified. It may assist a reviewing Tribunal if Dr Eskander were to provide:

- Evidence of actions and reflection to show to how the findings of this Tribunal have been considered, including:
    - why she acted against her *"own moral code"* contrary to advice that such action would be unlawful;
    - the development of further insight into her dishonesty in completing academic forms including the ethical basis of honesty as a fundamental tenet of the profession;
    - the development of strategies to address behaviours identified by the Tribunal including: a tendency to try to avoid matters, bury her head in the

sand, and to take the easier route when faced with difficult situations; impulsivity; a tendency to minimise the seriousness of her actions; and poor time keeping. This may improve her decision making in the future.

- The Tribunal considered that it may be helpful if Dr Eskander were to seek professional coaching or similar intervention to address some of the shortcomings identified and to develop strategies for the future.

397. The Tribunal noted that there were no concerns regarding Dr Eskander's clinical practice. It reminds her of the general ongoing requirement to maintain her medical skills and knowledge but does not consider there is any specific work required in this regard.

398. Dr Eskander will also be able to provide any other information that she considers will assist.

Determination on Immediate Order - 20/08/2025

399. Having determined to suspend Dr Eskander's registration for 12 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Eskander's registration should be subject to an immediate order.

Submissions

400. On behalf of the GMC, Mr Brook stated that the GMC did not make any application for an immediate order.

401. Dr Eskander submitted that an immediate order was not necessary. She stated that the Tribunal has correctly identified that dishonesty is not part of her character and it occurred in a period of unique circumstances. She referred to the Tribunal's comments as to insight and submitted that there had been no repetition since the incidents occurred.
Dr Eskander referred to the two previous Interim Order Tribunal decisions where no interim order was made. She stated that all her colleagues at work, including the Head of School, had been fully informed of all the allegations and that none of them had been surprised about her continuing to work pending a final decision in the case. Dr Eskander submitted that an immediate order would disrupt patient care and a whole team. She reminded the Tribunal of the steps she had taken to develop her insight and to remediate.

The Tribunal's Determination

402. In making its decision the Tribunal reminded itself that it may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The Tribunal had regard to paragraphs 172 to 178 of the SG.

403. The Tribunal reminded itself of its findings of fact and conclusions on impairment and sanction. It took into account that throughout there had been no concerns about Dr Eskander's clinical practice and no suggestion that she poses a risk to patients. The Tribunal found impairment on public interest grounds alone.

404. The Tribunal also took into account that there has been no repeat of the misconduct since December 2021 and the Tribunal, in its decision on sanction, found that there was not a significant risk of repetition going forward.

405. In all the circumstances, the Tribunal determined not to impose an immediate order of suspension on Dr Eskander's registration. It was of the view that this case does not meet the high bar for the imposition of an immediate order on public interest grounds alone.

406. This means that Dr Eskander's registration will be suspended 28 days from the date on which written notification of this decision is deemed to have been served, unless she lodges an appeal. If Dr Eskander does lodge an appeal she will remain free to practise unrestricted until the outcome of any appeal is known.

407. There is no interim order to revoke.

408. That concludes this case.

XXX

ANNEX B - 03/07/2025

Adjournment and case management directions

409. The Tribunal handed down its determination on Impairment at 4.55pm on 2 July 2025. The Tribunal suggested to Dr Eskander that she should consider the Tribunal's Impairment determination and the Sanctions Guidance (5 February 2024) ('the SG'), a copy of which was provided to her by email, to assist her with preparing her submissions on sanction.

410. The Tribunal convened in session at 9.30am on 3 July 2025 to consider the question of sanction in accordance with Rule 17(2)(m) of the Rules.

411. Mr Brook made oral submissions on behalf of the GMC. The LQC then invited Dr Eskander to make submissions on sanction. She read out a pre-prepared handwritten statement of some length.

412. During the reading of this statement, it became apparent that Dr Eskander was effectively giving evidence rather than making submissions. As Dr Eskander is unrepresented at this point in the proceedings, the Tribunal invited Mr Brook to indicate what weight the GMC considered the Tribunal could place on that statement.

413. Having taken instructions, Mr Brook submitted that the Tribunal should place very little weight on the submissions. He stated that Dr Eskander had, in effect, given Stage 2 evidence by way of Stage 3 submissions and that because her statement had not been tested it could be given very little weight.

414. From Dr Eskander's response it became clear that she had not fully appreciated the difference between giving evidence and providing oral submissions. Whilst this had been explained on two occasions on 1 July 2025, the Tribunal now appreciated that Dr Eskander had understood evidence to mean documentary or corroborative evidence rather than a statement by her.

415. Dr Eskander indicated that, if given the opportunity, she would wish to provide her statement in writing as evidence and was then prepared to be cross-examined by Mr Brook and to answer any questions from the Tribunal. However, Dr Eskander indicated that it had been a long day and that she was not in a position to give evidence today.

416. In any event it was clear to the Tribunal that it would not have been possible to hear that evidence and to produce a determination on sanction today. The hearing has therefore adjourned part heard to a date to be confirmed in due course. The necessary links to the relevant forms regarding availability will be sent to the Tribunal and to the parties today. The Tribunal indicates that a further two days should be set aside, given that evidence is now due to be heard. The hearing will continue virtually.

417. The Tribunal makes the following case management decisions for the resuming hearing on sanction:

- Dr Eskander should produce by 4pm on 7 July 2025 a typed version of her handwritten statement which she read out to the Tribunal on 3 July 2025. She should provide this document to the MPTS Case Management Team and the GMC Legal Adviser, so that it can then be uploaded for the Tribunal.
- If there is any further material which Dr Eskander wishes to rely on at the resumption of this hearing, then she should provide this to the MPTS Case Management Team and the GMC Legal Adviser no later than two weeks prior to the hearing reconvening date. It is envisaged that any such material could then, as agreed with the GMC, be provided to the Tribunal to reduce any required reading time when the hearing resumes.

418. XXX

419. XXX

420. XXX