

PUBLIC RECORD**Dates:** 02/09/2025 - 03/09/2025**Doctor:** Dr Tarek Hosny Wasim Mitwally SEDA**GMC reference number:** 6124507**Primary medical qualification:** MB BCh 2002 Ain Shams University**Type of case**Review - Misconduct
Review - Caution**Outcome on impairment**Not Impaired
Not Impaired**Summary of outcome**

Conditions revoked

Tribunal:

Legally Qualified Chair	Mrs Alison Storey
Lay Tribunal Member:	Mr James Riley
Registrant Tribunal Member:	Dr Andy Cohen

Tribunal Clerk:	Ms Ciara Fogarty
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Alan Jenkins, Counsel of Serjeants Inn Chambers
GMC Representative:	Mr Jonathan Lally, 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 Impairment - 03/09/2025

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

Background

2. Dr Seda qualified from Ain Shams University, Egypt, in 2002. He has previously worked as a General Practitioner at a private clinic in Harley Street, London, and as a Specialty Doctor in Emergency Medicine at Sherwood Forest Hospitals NHS Foundation Trust ('the Trust').

3. Dr Seda has been the subject of two GMC Allegations considered at MPT hearings at which facts were found against him and where his fitness to practise was found to be impaired. Dr Seda's case was first considered by an MPT in 2019. His fitness to practise was found to be impaired as a result of his misconduct by the 2019 Tribunal. At a new and review hearing in April 2023, a further finding of impairment was made, arising from Dr Seda having accepted a police caution.

Misconduct

4. The misconduct found proved related to Dr Seda failing to adhere to allocated break times and failing to carry out several actions required for the assessment and treatment of

patients whilst practising as a private GP for Doctorcall in Harley Street, London, and as a Specialty Doctor in Emergency Medicine at the Trust. Further, Dr Seda's actions were found to have been dishonest in two respects. Firstly, when he failed to inform a locum agency of his IOT conditions and offered to take up one day's employment in breach of these conditions. Secondly, Dr Seda admitted creating a false certificate of employment purporting to be from Doctorcall Medical Services and submitted this to the Dataflow Group.

5. Dr Seda's case was first reviewed on 21 December 2020. The 2020 Tribunal found that his fitness to practise remained impaired by reason of misconduct. However, it acknowledged the steps taken by Dr Seda to address his dishonesty and determined that his fitness to practise was no longer impaired by reason of his dishonesty. The 2020 Tribunal determined that a further order of suspension was unnecessary. It determined to impose conditions on Dr Seda's registration for a period of 18 months to allow him to address his clinical issues and demonstrate that he could return to work at the level expected.

6. Dr Seda's case was next reviewed on 13 May 2022. The 2022 Tribunal determined that Dr Seda's fitness to practise remained impaired by reason of misconduct. It imposed conditions which were slightly varied to those previously imposed. They required less stringent supervision. The requirements on Dr Seda's registration were for a further period of 10 months to allow Dr Seda the opportunity to demonstrate that he had developed his clinical skills and had fully remediated his misconduct.

7. Dr Seda's misconduct was next reviewed by the April 2023 Tribunal which found that without the evidence of supervised clinical work, Dr Seda's fitness to practise remained impaired on public protection grounds by reason of misconduct and in relation to the caution.

The Caution

8. The circumstances which led to Dr Seda's acceptance of the caution related to an incident which took place in 2020, although it was not considered by a Tribunal until 2023. This was a new case that was considered at the same time as a review hearing relating to his previous misconduct. Dr Seda told police in his interview that he had given XXX, Ms A, one quarter of a 2mg diazepam tablet which had been prescribed to him for back pain, because she was not sleeping, and after about an hour, gave her another quarter of the tablet. Ms A's mother reported this to the police. Dr Seda accepted a police caution in respect of this matter on 11 November 2021.

9. The April 2023 Tribunal was particularly concerned about Dr Seda's history of poor judgement in difficult situations and his ongoing poor decision making in respect of his conduct at that hearing and in not making previous Tribunals aware of the criminal allegation and his subsequent caution. It considered that Dr Seda's insight in this regard was not fully developed. The April 2023 Tribunal considered that a finding of impairment was necessary in order to protect the public, to maintain public confidence in the profession and to promote and maintain proper and professional standards and conduct for members of the profession.

10. That Tribunal determined that a suspension of Dr Seda's registration for four months was the appropriate sanction. The April 2023 Tribunal acknowledged that this would have a detrimental effect on Dr Seda's progress and remediation in respect of addressing the previous clinical concerns. However, it considered that this was necessary to uphold proper standards and to maintain public confidence in the medical profession.

11. Dr Seda's case was reviewed in December 2023.

12. The December 2023 Tribunal was of the view that Dr Seda's insight journey was not complete. In particular, it was concerned that Dr Seda's insight in relation to demonstrating good judgement in difficult situations was partial, at best. In the Tribunal's opinion, Dr Seda had continued to make poor judgement decisions since the misconduct matter came to light in 2017.

13. In relation to the caution it considered that his lack of good judgement was extreme, and that he showed further poor judgement in failing to inform the May 2022 Tribunal about his caution.

14. The December 2023 Tribunal noted that Dr Seda had been out of clinical practice for several years. It was cognisant that remediation of misconduct issues such as those in this case was very difficult whilst the doctor remained outside of the clinical environment. That Tribunal recognised that Dr Seda had participated in observer only clinical placements, and that there was value in such activities. However, it took the view that they did not replicate to any significant degree the challenges of day-to-day clinical practice. The Tribunal remained concerned that, without being able to demonstrate a period of clinical practice, it could not conclude that Dr Seda had fully remediated to the point where it would be safe for him to practise unsupervised and without restriction.

15. The December 2023 Tribunal determined to impose conditions on Dr Seda's registration for a period of two years. It considered that his insight into both the misconduct and the caution was not fully developed.

16. Dr Seda's case was most recently reviewed in June 2024.

17. The June 2024 Tribunal determined Dr Seda's fitness to practice remained impaired. The June 2024 Tribunal did not find Dr Seda's insight and reflection to have significantly changed in the six months from the previous review hearing. The June 2024 Tribunal determined that Dr Seda's oral submissions did not demonstrate a full understanding of his role in the events which led to the findings of impairment, either in terms of his misconduct, or as regards the actions which led to his accepting a police caution.

18. The June 2024 Tribunal remained concerned about Dr Seda's poor judgment and decision making, particularly as regards poor decisions he made seemingly for his own benefit. The June 2024 Tribunal considered that this is a pattern which could be seen in Dr Seda's misconduct and the actions which led to the caution.

19. The June 2024 Tribunal determined that the conditions should remain in force for the duration of the order and that there should be no watering down of the conditions as requested by Dr Seda.

20. The June 2024 Tribunal directed a review hearing with recommendations as to what evidence might assist the reviewing Tribunal. This included:

- Reflections on his insight into the underlying reasons for the series of poor decisions, his own responsibility for them and how he will prevent that happening in the future. Dr Seda may be assisted by completing an interactive course with other participants around decision making and providing reflections on what he has learned;
- Reports from his clinical supervisors;
- Report from his workplace reporters;
- Evidence that he has kept his clinical skills up to date;
- Any other information Dr Seda considers will assist.

Today's review hearing

The Evidence

21. The Tribunal has taken into account all the evidence received, both oral and documentary.
22. Dr Seda provided his own reflective statements and also gave oral evidence at the hearing.
23. Dr Seda's evidence focused on his reflections upon the previous Tribunal's findings, his acceptance of full personal responsibility for his misconduct, and the steps he has taken to ensure such behaviour does not recur. He acknowledged that his dishonest actions, including concealing practice restrictions, falsifying a certificate of employment, failing to disclose a police caution, and giving a portion of his prescribed diazepam to [Ms A], represented serious breaches of trust and fell significantly below the standards expected of a doctor. He accepted that none of his conduct was caused by others, agreeing with the Tribunal's earlier assessment that he had demonstrated poor judgment and lacked developed insight at the time.
24. Dr Seda explained that his behaviour had been motivated by fear of professional failure, pride, and expedience, but emphasised that he now understands the seriousness of his failings. He stated that he has developed insight into the root causes of his conduct and has committed himself to honesty, transparency, and adherence to Good Medical Practice. He described a detailed remediation plan including structured reflective practice, clinical supervision and mentoring, regular 360-degree feedback, continuing professional development, and the use of practical safeguards such as checklists and reminders. He also highlighted his intention to maintain his personal wellbeing, XXX, recognising its importance to safe and reliable clinical practice.
25. Dr Seda expressed sincere remorse for his past actions, apologised to patients, colleagues and the profession, and stated that he is determined to rebuild trust and demonstrate through consistent conduct that he is safe to return to medical practice.
26. Dr Seda described how, in 2020, he created a false employment certificate to obtain work and provided diazepam to [Ms A]. He also accepted that in 2017 he undertook overlapping shifts in breach of safe working hours. He explained at the time, he was motivated by financial pressures and a desire to support his family, however Dr Seda now

recognises that such reasoning reflected poor judgement and a failure to uphold professional standards.

27. Dr Seda identified three core weaknesses in his past approach to decision-making: impulsivity under pressure, lack of reference to ethical frameworks, and fear of scrutiny. He accepted that his misconduct damaged public trust and placed patients at risk.

28. Dr Seda emphasised his renewed commitment to ethical practice, highlighting specific steps they intend to follow: applying structured decision-making frameworks, prioritising transparency with employers and colleagues, engaging in peer review, and advocating for patient safety. He expressed deep regret for his misconduct and accepted full responsibility for its impact on patients, colleagues, and the profession.

29. The present Tribunal has taken into account all the evidence received, which included but was not limited to:

- Records of Determinations from all previous hearings;
- Various email correspondence from GMC and Dr Seda dated August 2024 to August 2025;
- Colleague feedback questionnaire dated March 2023;
- Confirmation email from OneHealth AXA that Dr Seda was a service provider at OneHealth AXA from 1 August 2024- 22 March 2025;
- Attendance Certificate of the 'Welcome to UK practice event' dated 23 August 2025;
- Full Appraisal of Dr Seda dated 31 August 2025;
- Email confirmation of Dr Seda's application for a licence to practice dated 15 August 2025.

Submissions

30. On behalf of the GMC, Mr Jonathan Lally, Counsel, submitted that this was a review hearing and that the question of current impairment was a matter for the Tribunal, applying the overarching objective and having regard to the previous determinations and the evidence now before it.

31. Mr Lally submitted that since the last review in June 2024 Dr Seda had provided additional documentation, including certificates of good standing, workplace references,

colleague feedback, certificates of courses, and further reflective statements. Much of this material related to practice undertaken overseas. On the face of the papers, the scope of that practice, the nature of the supervision, and the level of clinical responsibility undertaken were not entirely clear.

32. Mr Lally submitted that the central concerns in this case had consistently related to the doctor's judgement under pressure, his previous dishonesty and lack of candour, and the absence of persuasive evidence that clinical deficiencies had been remediated in a suitably supervised environment. The June 2024 Tribunal had identified matters which would assist at review, including meaningful reflection on poor decision-making, interactive work on clinical judgement, and detailed workplace supervisor reports.

33. Mr Lally submitted that the GMC was neutral on the question of impairment. It would be for the Tribunal to determine whether the additional evidence now provided demonstrated sustained safe practice, consistent and embedded insight, and remediation of the concerns identified in earlier determinations. He submitted that the GMC did not advance a positive case either way on impairment, and invited the Tribunal to reach its own conclusion as to whether Dr Seda's fitness to practise remained impaired in order to protect the public, maintain confidence in the profession, and uphold proper standards.

34. On behalf of Dr Seda, Mr Alan Jenkins, Counsel submitted that Dr Seda's fitness to practise is no longer impaired. He reminded the Tribunal that at the last review it had been said the continuation of conditions would provide ample time for the doctor to return to practise. He submitted that Dr Seda had achieved this, not in the UK because of restrictions, but by working overseas where he had been able to practise.

35. Mr Jenkins submitted that the evidence demonstrated a period of safe and effective practice abroad. References and feedback from colleagues and other healthcare professionals described Dr Seda as hard-working and raised no concerns. Certificates of good standing and testimonials supported this picture. He submitted that this was clear evidence that Dr Seda had immersed himself back into medicine and demonstrated safe practice over a number of months.

36. Mr Jenkins submitted that Dr Seda had reflected deeply on his past misconduct. The Tribunal had previously noted shortcomings in his reflection, but the material now provided showed much fuller insight. He submitted that Dr Seda had confronted the series of poor decisions that led to these proceedings, accepted his responsibility, and reflected on how he

would protect himself from repetition in the future. He had also maintained his training and qualifications, including his ALS instructor status and further education.

37. Mr Jenkins submitted that the doctor approached a return to UK practice with modest and realistic ambitions, both in terms of the role he might take and the hours he would work. He emphasised that Dr Seda recognised the need for balance and for ongoing learning, but that he had now done everything asked of him by the Tribunal. In all the circumstances, he invited the Tribunal to find that Dr Seda's fitness to practise was no longer impaired.

The Relevant Legal Principles

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

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

40. The Tribunal were advised that the question of impairment is a matter for its own independent judgment. There is no burden or standard of proof as such, but in a review hearing there is a persuasive burden on the doctor to demonstrate that the concerns identified in the original findings of impairment have been addressed. In *Abraham v GMC [2008] EWHC 183 (Admin)*, Mr Justice Blake confirmed that at a review the registrant must satisfy the Tribunal that they have developed sufficient insight and remediation.

41. The Tribunal were advised that it must consider whether the deficiencies identified in the original determination have been sufficiently remedied through education, training, reflection, or supervised practice. In *Khan v GPhC [2016] UKSC 64*, the Supreme Court explained that the focus of a review is on the registrant's current fitness to practise, judged in the light of what has been achieved since the date of the last order.

42. The Tribunal were advised that there is no statutory definition of impairment. However, in *CHRE v NMC and Grant [2011] EWHC 927 (Admin)*, the High Court endorsed the

approach of Dame Janet Smith in the Fifth Shipman Report. A doctor's fitness to practise may be impaired if they have in the past acted, or are liable in the future to act, so as to:

- put patients at unwarranted risk of harm;
- bring the medical profession into disrepute;
- breach one of the fundamental tenets of the profession; or
- act dishonestly.

43. The Tribunal were reminded that it must consider both the personal component (the doctor's current insight, remediation, and risk of repetition) and the public component (the need to protect patients, uphold professional standards, and maintain confidence in the profession).

44. The Tribunal was further advised that in *Cohen v GMC [2008] EWHC 581 (Admin)*, Silber J stated that where failings are easily remediable, have been remedied, and are highly unlikely to be repeated, a finding of current impairment may not be required. Nevertheless, the Tribunal must also consider whether a finding of impairment is required in the wider public interest.

45. Finally, the Tribunal were advised that in assessing insight it is entitled to consider not only the registrant's words but also their actions and the quality of evidence provided in support. The Tribunal should consider the extent to which the registrant has demonstrated insight, remediation, and an understanding of the seriousness of their misconduct, in deciding whether their fitness to practise remains impaired.

The Tribunal's Determination on Impairment

46. The Tribunal considered whether Dr Seda's fitness to practise remains impaired by reason of his misconduct and caution.

47. The Tribunal firstly considered the evidence of Dr Seda's insight and reflective process. This appeared to have developed substantially since the last review hearing in June 2024. Dr Seda has provided very detailed reflective statements where he has completely accepted responsibility for his misconduct. He has looked inward rather than blaming the situation which he found himself in. He accepts that the difficulties were caused by his own poor decisions.

48. He has set out how he would avoid being in such situations in the future. It is apparent that Dr Seda has given a good deal of time and thought to this.

49. In addition, Dr Seda addressed the Tribunal on this issue and acknowledged responsibility for his misconduct and assured the Tribunal that he has put in place a plan to ensure there is no repetition. He also advised the Tribunal that Professor B, who has provided a number of appraisals for him has expressed a willingness to assist him going forward and to continue to provide guidance to Dr Seda.

50. Further Dr Seda has completed a number of courses which are relevant to developing insight. These include:

- Performing under Pressure
- Maintaining Professionalism
- Making Decisions
- Critical Thinking for Better Judgement

51. The Tribunal was satisfied that there is now good evidence that Dr Seda has fully developed insight into his misconduct and is satisfied that Dr Seda has remediated his misconduct through targeted courses, and in-depth reflection. The risk of repetition is low.

52. The Tribunal went on to consider what steps Dr Seda had taken to keep his clinical skills up to date, as it was now several years since he had practised in the UK. At the last review hearing Dr Seda advised the Tribunal that he had not been able to obtain a position in the UK due to the conditions on his registration, which required close supervision. On that occasion he produced a large number of rejections to applications he had made.

53. Since that review Dr Seda has obtained employment working as a GP in Egypt, where he worked from August 2024 until March 2025. In addition, he was able to carry out work as an Advanced Life Support (ALS) instructor in Egypt. The Tribunal noted that when considering restoration applications, overseas role can be considered when assessing whether a doctor has maintained his clinical skills. Given that Dr Seda has been unable to find work in the UK, the Tribunal considered that his work in Egypt could be taken into account in the same way.

54. Dr Seda has produced evidence of his work by way of a log book, which whilst not extensive did indicate some of the types of patients he has dealt with. He told the Tribunal that whilst he was not supervised in this work he did have discussions with his senior

colleagues when he had more complex cases. He also had discussions about cases with a family member who is a consultant in internal medicine. These discussions would have helped his knowledge and development.

55. He has provided a reference from 'OneHealth', confirming that he was employed by them from 1 August 2024 until 22 March 2025 as a family medicine specialist. In that document he was described as *"Hardworking and passionate and having positive behaviour towards his peers and mentors"*.

56. He also produced a certificate of Good Standing from the Egyptian Medical Syndicate, and certificates relating to his qualification as an ALS instructor from the European Resuscitation Council, and Resuscitation Council UK.

57. He has provided a 2025 Appraisal carried out by Professor B which details a PDP and what Dr Seda has done to achieve his goals. This includes working as an ALS instructor, undertaking a MSc in Family Medicine and maintaining his professional competencies by completing courses, self-reading and online learning.

58. Professor B has concluded that Dr Seda has engaged well and made significant progress with clear achievements and a positive outlook. He has no concerns about Dr Seda's ability to practise safely and effectively.

59. Dr Seda has also provided a number of feedback forms from colleagues. Although these are not all from clinical staff, they do all give positive feedback.

60. The Tribunal has considered that in the last year Dr Seda has done all he can to maintain his clinical skills. He has been unable to work in the NHS, under supervision, which would have been the ideal position, but he has worked overseas in a clinical role for a period of eight months. All of his feedback has been positive. He has continued in his role as an ALS instructor whilst in Egypt. He has also started an MSc course in Family Medicine.

61. Dr Seda intends to seek a junior role in Emergency medicine, a role in which he will no doubt be subject to supervision. The Tribunal considered that the skills from his ALS instructor role will certainly be useful working in an Emergency Medicine department.

62. Taking all of this into account the Tribunal concluded that Dr Seda has done enough to demonstrate that he has maintained his clinical skills and that he is safe to practise without restrictions.

63. The Tribunal also noted that the GMC do not submit that Dr Seda's fitness to practise is currently impaired, they are neutral on that point.

64. Accordingly, the Tribunal has determined that Dr Seda's fitness to practise is no longer impaired by reason of Misconduct or Caution. The Tribunal considered that a finding of impairment would serve no useful purpose. Further, the public would be deprived of an otherwise competent doctor.

65. The Tribunal further determined to revoke the order of conditions currently imposed on Dr Seda's registration with immediate effect.

66. That concludes this case.