

PUBLIC RECORD**Dates:** 25/07/2025

Doctor: Dr Mili SHAH

GMC reference number: 6075526

Primary medical qualification: BM BS 2003 University of Nottingham

Type of case	Outcome on impairment
Review – Misconduct	Not Impaired
XXX	XXX

Summary of outcome
Suspension to expire

Tribunal:

Legally Qualified Chair	Mr Sean Ell
Lay Tribunal Member:	Miss Atiyah Malik
Registrant Tribunal Member:	Dr Jonathan Leach

Tribunal Clerk:	Mrs Rachel Horkin
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Stephen Brassington, Counsel, instructed by Ms Sara Foster of MDDUS
GMC Representative:	Ms Isobel Thomas, 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 - 25/07/2025

The Outcome of Applications Made during the Impairment Stage

1. This determination will be read in private. However, as this case concerns Dr Shah's misconduct a redacted version will be published at the close of the hearing.

Background

2. Dr Shah qualified in 2003 from University of Nottingham Medical School. From September 2012 to April 2013, Dr Shah became a Locum Consultant Dermatologist at Royal Liverpool and Broadgreen University Hospitals NHS Trust. At the time of the events Dr Shah was practising as a Consultant Dermatologist at Liverpool University Hospitals NHS Foundation Trust ('the Trust').
3. The facts found proved at Dr Shah's hearing which took concluded in March 2025 ('the March 2025 Tribunal') can be summarised as follows.
4. Between 19 April 2021 and 19 May 2022, Dr Shah failed to complete 10 patient letters within an appropriate time frame.
5. Between 12 July 2021 and 26 July 2021, Dr Shah failed to provide good clinical care to three patients. Regarding Patient A, Dr Shah failed to arrange the excision of Patient A's lesion; regarding Patient B, Dr Shah failed to arrange biopsy of Patient B's lesions and regarding Patient C, Dr Shah did not refer Patient C for surgery within an appropriate time frame. Dr Shah made admissions to these heads of the allegations.
6. On 30 September 2021, Dr Shah behaved inappropriately in that she made an antisemitic comment to Ms D regarding a colleague Mr E. These comments amounted to racial harassment as defined in Section 26(1) of the Equality Act 2010 in that Dr Shah

engaged in unwanted conduct related to religion which had the purpose or effect of violating dignity, creating an intimidating, hostile, degrading, humiliating or offensive environment for Ms D and Mr E. Dr Shah stated to the March 2025 Tribunal that she had no recollection of making these remarks. The March 2025 Tribunal found that XXX. The March 2025 Tribunal found these allegations proved.

7. The March 2025 Tribunal found that Dr Shah's fitness to practise was impaired by reason of misconduct XXX. The March 2025 Tribunal determined to suspend Dr Shah's licence to practise for 4 months and directed a review.

8. The March 2025 Tribunal determined that a reviewing tribunal may be assisted by the following:

- XXX;
- Evidence that Dr Shah is keeping her medical skills up to date including production of certificates of any courses undertaken;
- Any other information that Dr Shah considers would assist a reviewing tribunal.

9. 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 Shah's fitness to practise is impaired by reason of misconduct XXX.

The Evidence

10. The Tribunal has taken into account all the evidence received, both oral and documentary. The Tribunal received documents including,

- XXX;
- XXX;
- An Interim Coaching Report from Dr H Consultant Anaesthetist and ILM certified coach;
- A statement from Dr Shah;
- Various CPD certificates;
- Testimonials.

Submissions

11. On behalf of the GMC, Ms Isobel Thomas, Counsel rehearsed the background of the case and submitted that Dr Shah's fitness to practise remains impaired by reason of misconduct XXX. In relation to the misconduct, Ms Thomas submitted that the GMC is concerned that there is no evidence before the Tribunal at this review of Dr Shah's insight.

12. Ms Thomas reminded the Tribunal of XXX

13. Ms Thomas submitted that, whilst Dr Shah cannot be compelled to give evidence to this Tribunal, her decision to not give evidence means that her insight cannot be tested, and less weight may be given to her written statement.

14. Ms Thomas submitted that the antisemitic comment is particularly difficult to remediate. Ms Thomas reminded the Tribunal that the previous Tribunal had concerns that Dr Shah could not recall making the comment and could offer no explanation as to why it was said. It was accepted by the Tribunal that XXX was a contributing factor to the misconduct, and XXX. Ms Thomas submitted that, whilst it may be right that Dr Shah has gained some insight XXX, it is not yet sufficient and there remains a risk of the behaviour repeating itself.

15. On behalf of Dr Shah, Mr Stephen Brassington, Counsel, informed the Tribunal that XXX.

16. Mr Brassington submitted that Dr Shah's fitness to practise is no longer impaired by reason of XXX misconduct XXX. Mr Brassington reminded the Tribunal of the March 2025 Tribunal's determination of what should be provided at this hearing and further reminded it that the 4 months suspension was imposed to mark the misconduct found. This reviewing hearing is not a re-hearing as to whether Dr Shah is impaired by misconduct but rather an analysis of XXX and what insight she has gained into XXX that led to this misconduct. Mr Brassington submitted that further insight into her misconduct is not possible and was not required by the previous Tribunal.

17. Mr Brassington submitted that the GMC has done nothing to further its case that Dr Shah remains impaired XXX. Mr Brassington submitted that Dr Shah has shown extraordinary insight and directed the Tribunal to Dr Shah's statement. Mr Brassington informed the Tribunal that Dr Shah is ashamed of her actions, has expressed repeated remorse and contrition and does not seek to escape responsibility for her antisemitic remarks. Dr Shah has

taken consistent and constructive steps XXX. Mr Brassington reminded the Tribunal that there has been no repetition of the behaviour that brought her before the GMC.

18. Mr Brassington also reminded the Tribunal that the March 2025 Tribunal did not impose an immediate order and submitted that it is clear that the logic and reasoning of the previous Tribunal was that there is no risk of repetition of the misconduct, which required intervention. Mr Brassington submitted that the substantive four months suspension dealt with the public interest and what the March 2025 Tribunal required at today's hearing was the demonstration of Dr Shah's continued involvement with XXX. Mr Brassington submitted that in her statement, Dr Shah has demonstrated an understanding of XXX.

19. Upon being questioned by the Tribunal, Mr Brassington reminded it that Dr Shah admitted the allegations regarding patient care and, in no way attempts to suggest that XXX was an excuse for what she did but was the cause. Dr Shah has taken structured steps to XXX. She had failed to recognise at the time that she was not working appropriately and XXX affected her practice. She fully acknowledges XXX. Dr Shah has now put in place support XXX for several years and XXX will not repeat the errors which she made before. Since these matters came to light Dr Shah has worked without any further incident and, prior to XXX, she also worked without incident for decades.

20. Mr Brassington informed the Tribunal that, since Dr Shah has returned to work XXX, she has written every patient letter or dictated every patient letter and referral before leaving the clinic.

The Relevant Legal Principles

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

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

The Tribunal's Determination on Impairment

Misconduct

23. The Tribunal remind itself of the findings of the previous Tribunal,

“124. The Tribunal considered that in relation to her clinical failings, Dr Shah had shown good and effective insight into her failures over an extensive period and that she has put in practice behaviours and actions to address that conduct to ensure it does not happen again”

125. The Tribunal considered that Dr Shah's clinical failings were capable of remediation and noted that she has completed targeted CPD, including courses in record keeping, workload and time management and courses aimed at improving her resilience in the face of challenging workloads.”

...

130. The Tribunal again noted the impressive remediation and insight into clinical failings and that there has been no recurrence during the work she is currently undertaking

...

131. In relation to the anti-Semitic comments, whilst again noting her developing insight and steps taken to remediate, together with her previous excellent character, it considered that the remarks were so abhorrent that 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 of this case.

24. The Tribunal reminded itself that this was a single episode and there has been no repeat of the behaviour that was before the March 2025 Tribunal. The Tribunal noted that Dr Shah had continued to work up until the substantive order of suspension took effect.

25. The Tribunal further noted that the March 2025 Tribunal indicated that the need for a review hearing was *“principally”* to consider XXX. This Tribunal further noted that the four

months suspension was imposed by the March 2025 Tribunal to mark the seriousness of Dr Shah’s misconduct and to send a message to both the public and members of the profession that such behaviour is wholly unacceptable, and to maintain confidence in the profession. The March 2025 did not identify any specific concerns around its findings of misconduct, outside of Dr Shah’s insight into XXX, that it considered needed to be addressed by Dr Shah at this review hearing.

26. The Tribunal is satisfied that Dr Shah’s fitness to practise is no longer impaired by reason of misconduct.

XXX

27. XXX

28. XXX

29. XXX

30. XXX

31. The Tribunal has taken into account that Dr Shah has been suspended for a short period of time, prior to which she was working as a doctor. Dr Shah has provided the Tribunal with recent CPD she has undertaken to keep her skills up to date.

32. The Tribunal has determined that a finding of impairment is no longer necessary to satisfy the overarching objective.

33. XXX

34. This Tribunal has therefore determined that Dr Shah’s fitness to practise is not impaired by reason of misconduct XXX.

35. The Tribunal has determined to allow the currently imposed suspension to expire. The Tribunal reminded itself that the suspension was imposed to mark the seriousness of the misconduct found by the March 2025 Tribunal and that to allow it to expire early would not be in the public interest and would not uphold the overarching objective.

36. That concludes the case.

ANNEX A – 25/07/2025

37. Ms Thomas made an application under Rule 34 (1) of the rules to put before the Tribunal XXX that were before the March 2025 Tribunal. XXX

38. Mr Brassington submitted that he objected to the application. XXX

The Tribunal's Decision

39. In reaching its decision the Tribunal reminded itself of the submissions of both parties.

40. The Tribunal also had regard to Rule 34(1) which states:

'The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.'

41. XXX The Tribunal therefore was of the view that the evidence was not relevant. The Tribunal also considered that it would be unfair on Dr Shah to adduce this evidence at this stage of the hearing, with the application having being made in response to Mr Brassington's submissions on impairment.

42. The Tribunal further reminded itself that it is not appropriate for it to re-open matters considered by the initial Tribunal and to reach a different conclusion on the evidence.

43. The Tribunal has determined to refuse the application.