

Siobhan Goodrich - Chair
Dr Ariyanayagam - Professional Member
Jenny Purkis - General Member

BETWEEN:

HAMPSHIRE PRIMARY CARE TRUST

Applicant

AND

**DR T K AL SAIDI
(GMS Registration No. 3159299)**

Respondent

DECISION ON NATIONAL DISQUALIFICATION

1. By letter dated 8 August 2007 Hampshire Primary Care Trust applied for an order that Dr Al Saidi be nationally disqualified under Section 49N of the National Health Service Act 1977 as amended by the Health & Social Care Act 2001.

The Hearing

2. The application and notice of the hearing date was duly served upon the Respondent by letter dated 13th September 2007. By letter dated 11th October Mr Sadler of Radcliffes le Brasseur advised the FHSAA that he was instructed to represent the Respondent. He acknowledged the hearing date and asked that a full set of papers be sent in order that he might take instructions and let the FHSAA know of his client's position in relation to the application. On 18th October 2007 Mr Sadler telephoned the case officer and advised her that neither he nor his client would be attending the hearing and that he did not intend at that time to submit any written submissions.
3. At the hearing on 22 October 2007 the Applicant was represented by Manda Copage, the Head of Primary Care Services. Dr Al Saidi did not attend and was not represented. There was no application to adjourn submitted to the Panel by Dr Al Saidi or any representative. No written representations were received nor had the parties sought that the application be determined without an oral hearing. The Panel were satisfied that Dr Al Saidi had been duly notified of the hearing. Pursuant to its powers under Rule 40 (1) of the Family Health Services Appeals Authority (Procedure) Rules 2001 it decided that, in the absence of any reasonable excuse for Dr Al Saidi's absence it was appropriate to hear and determine the application in his absence.

Documents

4. The application was supported by the witness statement and exhibits of Mrs Ann Smith, the Area Director of Care Services for South-East Hampshire dated July 2007 which set out the background to the PCT's decision to remove the Respondent from its list and, thus, the background to this application. The panel also received the statement and exhibits of Dr Jane Bell, Deputy Director of Post Graduate GP

Education at the Wessex Deanery dated 4 July 2007. No witness statement or documents were submitted by Dr Al Saidi.

The Background to the Application

5. Dr Al Saidi is a General Practitioner who was included on the Performers List for East Hampshire PCT. His practice consists of out-of-hours ("OOH") work and occasional locum work for General Practitioners. Over the years Dr Al Saidi has undertaken a significant amount of work for the OOH service usually working 50-60 hours per week over some 8-10 shifts. Dr Al Saidi was not required to work a minimum number of shifts. His work was mainly for the Portsmouth City Teaching Primary Care Trust.
6. In 2005 a number of complaints were received by the Portsmouth City Teaching Primary Care Trust relating to Dr Al Saidi's OOH work. Following initial review Dr Paul Edmondson-Jones checked the Portsmouth database and found a further 12 complaints had been made since October 2004. This information was duly relayed to the Performance Screening Group who met on 12 September 2005 to consider whether Dr Al Saidi should be suspended from the Performers List.
7. A hearing to consider the issue of suspension took place on 14 October 2005 and was attended by Dr Al Saidi and his legal advisor. By this date the majority of the complaints had been investigated. At least one of the complaints was considered to be of major clinical significance in that it concerned an elderly patient who had collapsed at home in the early hours of the morning. Dr Al Saidi did not attend the patient and prescribed 2 paracetamol with advice that the patient should visit her own General Practitioner the following day. On attendance at the GP's surgery the patient collapsed and was admitted to Accident & Emergency by ambulance.
8. A further complaint related to the treatment provided by Dr Al Saidi to a patient who complained of severe abdominal radiating through the back with vomiting containing blood. Dr Al Saidi did not attend the patient but diagnosed gall stones in the course of a telephone call and advised the patient to take Nurofen and attend the General Practitioner the following day. The General Practitioner advised that Nurofen was dangerous in this case and made a complaint to the PCT. The General Practitioner also referred the case to the General Medical Council for consideration.
9. Analysis of all the complaints revealed several key factors: all 14 complainants were female; 10 of the complainants involved reported a perceived reluctance to make a visit; 11 complaints involved a perceived unhelpful or irritated attitude on the part of Dr Al Saidi; 8 of the complaints related to a loss of confidence in Dr Al Saidi and 6 of the complainants were medical practitioners. Further, all of the complaints involved a failure to take a proper medical history in order to achieve a correct diagnosis and Dr Al Saidi was reported to have a very rigid history taking process.
10. The PCT panel noted that one-fifth of all recent complaints to the OOH service related to Dr Al Saidi and enquired as to whether this was proportionate to Dr Al Saidi's workload. Dr Edmondson-Jones reported that Dr Al Saidi had significantly less than one-fifth of the OOH service workload. Subsequent evidence suggests that his workload was in the region of one-sixteenth.
11. At the hearing on 14 October 2005 the Panel determined that Dr Al Saidi should be suspended for up to 6 months in order to explore the possibilities for working under a contingent removal order, subject to the outcome of outstanding investigations into the complaints. Dr Al Saidi was informed that it was considered that with support, and subject to completion of the investigations, he should be able to continue performing as a doctor.
12. Formal notification of the decision together with a copy of the minutes of the meeting was provided to Dr Al Saidi by letter dated 17 October 2005. The PCT decided to hold a review hearing on 1 December 2005. Prior to the review hearing Dr Jane Bell,

then Associate Director GP Education Portsmouth, SE Hampshire and Isle of Wight was asked for her assistance.

13. At the review hearing on 1 December 2005 the PCT panel received an independent report from Dr Lionel Cartwright, General Practitioner, who considered that there was cause for concern as to Dr Al Saidi's competence and advised that, as a minimum, Dr Al Saidi should accept some supervised educational support. The PCT panel also received a further report from Dr Edmondson-Jones in relation to his further investigation of the complaints received. Dr Edmondson-Jones noted that there was some difficulties with the OOH service with reference to its ability to deal with peaks of demand in a clinically safe and effective way but, nevertheless, he expressed a number of important concerns relating to Dr Al Saidi's competence ranging from poor communication skills to unsound and potentially dangerous clinical judgement.
14. The PCT panel was advised by Dr Jane Bell that a 3 month training placement had been established by the Deanery during the course of which there would be monthly appraisals of Dr Al Saidi . It was planned that the placement would conclude with the successful completion of a formal assessment which would be reviewed under nationally validated guidelines by 2 examiners.
15. In the light of the evidence then before it the PCT panel decided that Dr Al Saidi should be contingently removed from the Performers List with effect from 5 January 2006. The conditions imposed were that he should cease the practice of medicine in the NHS other than as part of the placement, that he undertake the 3 month training placement and that he successfully complete a formal assessment at its end.

The Training Placement

16. In the event the commencement of the training programme was delayed until 20 March 2006 and was supervised by Dr Randall, Dr Munroe and Dr Johns as well as Dr Bell. It was agreed that the final assessment of Dr Al Saidi would be that used for newly qualified General Practitioners.
17. At the end of the training placement in June 2006 did not pass the formal assessment. Drs Bell, Randall and Johns considered that Dr Al Saidi's knowledge, standards of medical practice and overall competence remained well below that expected of a newly qualified practitioner or working GP. They came to the view that his performance was not at a level required for independent practice. In their joint report dated June 2006 a number of examples are given to illustrate the type and degree of the issues identified, some of which are set out below.
18. With regard to specific clinical skills Drs Randall and Johns both had significant concerns about Dr Al Saidi's ability to elicit and interpret physical signs and gave 5 examples of separate occasions when this had occurred.
19. In relation to communication and consultation skills they considered that Dr Al Saidi had certainly made significant progress such that his performance in this area was now usually adequate. However all of the trainers involved still had concerns that Dr Al Saidi's communication skills were at a relatively low or novice level and required effort and concentration which might not be maintained under pressure and in all situations.
20. The trainers considered that Dr Al Saidi's knowledge base was extremely poor. In relation to epilepsy, his knowledge was very poor and out of date. During a tutorial he had suggested the use of drugs which are unlicensed in this area and potentially dangerous. In relation to cardio-vascular disease, Dr Al Saidi demonstrated poor knowledge on a number of occasions. He was very vague about which patients would need treatment to reduce their cholesterol. On an occasion when he saw a patient after a transient aschemic attack Dr Al Saidi stated that he did not think that he even needed to consider a cholesterol-lowering agent. He demonstrated very little knowledge about the concept of cardio-vascular risk scoring. In relation to respiratory

disease Dr Al Saidi displayed a lack of knowledge around the basic principles for diagnosing and treating asthma and COPD. In other areas his knowledge was found to be below standard in relation to heart failure, contraception, diabetes and chronic kidney disease. Even towards the end of his placement he had poor knowledge and/or was unaware of Read Codes, QOF, and standard guidelines and protocols.

21. In respect of patient management the trainers considered that Dr Al Saidi's skills were poor in the areas of history taking, eliciting clinical signs, forming safe management plans and making appropriate referrals to secondary care. They concluded that he had not demonstrated an ability to assess and manage patients in general practice at a basic level of competence. The trainers supported this view by reference to 5 specific examples which are fully set out in their report.
22. In addition to the summative assessment referred to above, Dr Al Saidi underwent video assessment whereby his consultations were reviewed by 4 independent assessors. Two first-level assessors viewed 6 video-taped patient consultations. They both found that on one of the 6 consultations, the quality of care was at an adequate level but that the remaining 5 were inadequate, often demonstrating major errors. The second level assessors also both concluded that Dr Al Saidi had not demonstrated an appropriate level of skill.
23. In relation to personal skills, the trainers observed that despite being urged to take all opportunities available to learn and update himself, Dr Al Saidi appeared unwilling to acknowledge or fill in his knowledge gaps. He repeatedly failed to read up on topics identified by his trainers and failed to display the intellectual curiosity and attributes of a lifelong learner which are essential to modern day general practice. They noted that at times Dr Al Saidi appeared to be reluctant to concentrate on his medical practice. He also repeatedly expressed his belief that he did not need to understand various areas of general practice as he is a 'out of hours' doctor.
24. On 9 August 2006 the PCT wrote to Dr Al Saidi notifying him that a review hearing had been scheduled for 25 September 2006 at which the conditions of his contingent removal were to be considered as would the question of whether there were sufficient grounds to merit his exclusion from the PCT Performers List.
25. Before that meeting was held one or more complaints from professional colleagues concerning Dr Al Saidi's practice were made to the General Medical Council and on 14 September 2006 the Interim Orders Panel of the GMC concluded that there were serious and wide-ranging concerns about Dr Al Saidi's performance which demonstrated that there may be an impairment of his fitness to practice. The Interim Orders Panel determined that conditions be imposed on Dr Al Saidi's registration for a period of 18 months, the conditions being that he confine his medical practice to a NHS general practice placement for a minimum of 6 months under the supervision of a named GP trainer, that he undergo a further assessment of his performance at the completion of that placement, that he seek and submit a report from his supervisors for the consideration of the Interim Orders Panel and he allow the GMC to obtain a report from his Primary Care Trust. By reason of the GMC interim order Dr Al Saidi was unable to work as an unsupervised principal, locum or out of hours practitioner.
26. On 25 September 2006 a review meeting took place to consider the report of Dr Bell. She also attended and advised the Panel that Dr Al Saidi was unlikely to benefit from any further training and that there was still a lack of clinical awareness. Dr Bell's comments were supported by Dr Andy Hall, the Deputy Director of GP Education for the Wessex Deanery who stated that Dr Al Saidi's video recorded assessment demonstrated the lowest standards that he had ever seen.
27. The Panel decided to remove Dr Al Saidi from the PCT Performers List and by letter dated 6 October Dr Al Saidi was notified of the decision. Dr Al Saidi, by his solicitor, requested an oral hearing which was duly convened to take place on 12 December 2006.

28. At the Panel hearing on 12 December 2006 representations were made on Dr Al Saidi's behalf which can be summarised as follows: Dr Al Saidi did not accept the full extent of the criticisms raised in the 14 complaints but he did recognise the new concerns from his period of training; of the original 14 complaints, most, if not all, resulted in no actual or known serious consequences and they stemmed from difficulties in relation to communication or personality rather than lack of medical knowledge; 3 months was an insufficient period for retraining; Dr Al Saidi had improved in the areas of communication and consultation skills; Dr Al Saidi had been under personal pressure whilst undergoing the assessment and that a longer period of training may allow better consideration of the issues raised. It was submitted that contingent removal with an extended training package was appropriate. Dr Al Saidi was prepared to discuss funding options for further training and was not seeking merely to extend his income.

The PCT Decision

29. The PCT panel announced its decision and reasons at the end of the oral hearing on 12th December 2006. By letter dated 20 December 2006 the PCT communicated its decision to the Respondent namely that they had determined to remove him from the Performers List on the grounds that failing to do so would prejudice the efficiency of general medical services in its area.

The Respondent's Appeal

30. By letter dated 13 February 2007 Radcliffes Le Brasseur had lodged an appeal against the PCT's decision and stated that they would act as representatives to Dr Al Saidi in the appeal. In particular it was contended that in breach of Regulation 10(11) of the National Health Service (Performers List) Regulations 2004 ("the Regulations") the PCT had failed to provide proper written reasons for the decision.
31. In a further letter dated 27 April 2007 the PCT acknowledged that the letter of 20 December 2006 did not provide sufficient detail of the panel's reasons and had therefore failed to comply with the Regulations. The PCT therefore set out in the letter of 27 April 2007 the reasons behind its decision and concluded '*As you had failed to pass a training placement assessment and had therefore failed to demonstrate the skills necessary to practice as a GP, and as you were unlikely to benefit from further training, the Panel reached the unanimous decision that your name should be removed from the medical Performers List under the ground of efficiency as set out in Regulation 10 (4). The Panel considered that this was the only appropriate option open to it in order to avoid prejudice to the efficiency of general medical services in the area of the Trust.*'
32. On 10 July 2007 Dr Al Saidi, by his representatives, withdrew his appeal and was consequently removed from the Performers List of Hampshire Primary Care Trust.

The Application for National Disqualification

33. Against that background the PCT on 8 August 2007 applied to the FHSAA for an order that Dr Al Saidi be nationally disqualified.

The Law

34. Section 49N (4) of the National Health Service Act 1977 as amended provides that:
- ".....The Primary Care Trust may apply to the FHSAA for a national disqualification to be imposed on a person after they have -
- (a) Removed him from a list of theirs of any of the kinds referred to in sub-section (1) (a) to (c)"
35. The panel notes that the application was duly made within the period of 3 months of removal as required under Section 49N (5) of the Act.

36. The panel has considered whether the circumstances that gave rise to the Respondent's inefficiency were essentially local to the area in which he practised. It has reviewed all the evidence placed before it and, in particular, has considered the representations made by the Respondent at the hearing on 12th September 2006. The panel notes that Dr Al Saidi abandoned his appeal against the decision to remove him from the performers list maintained by the Hampshire Primary Care Trust.
37. In her statement dated 3rd July 2007 Dr Bell refers to the fact that Dr Al Saidi was well known in the local GP community and had worked in the Portsmouth area for a long time. In view of his long-running contribution to OOH provision in the area, she states that she was very keen to help him return to practice if possible. To this end she had committed herself to finding the best possible training placement for Dr Al Saidi and chose Dr Randall and Dr Munro who, in addition to being experienced and able GP trainers, had experience in dealing with doctors in difficulty. She also arranged for training for Dr Al Saidi from Dr Johns who is an experienced OOH practitioner who agreed to provide training in OOH work as part of the programme.
38. Dr Bell also states that she and her colleagues came to the view that the Respondent was un-trainable. She concluded *'Had it been the case that the only or main problem was in relation to the level of difficulties faced by Dr Al Saidi, i.e. his low level of competence then it may well be the case that further time and training may have assisted him. However given Dr Al Saidi's lack of willingness to change, as evidenced by his behaviour and by the comments of those training him, it seemed extremely unlikely that he would be able to learn and as such (be) able to benefit from any further training.'* She added that she and the GP trainers had worked extremely hard to provide Dr Al Saidi with a further opportunity to improve his practice but that it seemed that he had no interest in taking that opportunity.
39. The panel accepts the evidence adduced before it in relation to the many and wide ranging deficits in the Respondent's clinical abilities and further finds that these pose a risk to patient safety and the efficiency of services. It finds that the Respondent failed his training placement because his standard of medical practice and overall competence is well below the standard expected of both newly qualified and working general practitioners. It accepts also the evidence of Dr Bell and finds that the Respondent has little or no insight into the serious nature or risks posed by these deficits. The panel finds that the Respondent did not truly accept the need for him to retrain and that he did not engage fully in the considerable efforts made to help him in this regard.
40. If an order for national disqualification is made the respondent no longer be able to apply to be included in the list of another PCT. Similarly if he is currently included in the performers list of any other PCT it will be obliged to remove his name if an order is made. The panel is fully aware that any order made will have profound and long lasting effects upon his personal life and his ability to practice in his chosen career as a general practitioner in the NHS.
41. The panel has weighed the prejudice against the Respondent as against the potential prejudice to patient safety and the efficiency of the NHS should the Respondent not be disqualified from practice as a General Practitioner on a national basis. In the light of all the evidence before it the panel considers that the Respondent poses a serious risk to the safety of patients and to the efficiency of the services that he would be expected to provide on whichever list and in whatever locality he might seek to practice as a General Practitioner in the National Health Service. In all the circumstances, it has decided that it is reasonable and proportionate to impose a national disqualification.
42. Accordingly the panel directs that the Appellant, Dr T K Al Saidi (GMC registration number 3159299) is hereby nationally disqualified from inclusion in:
 - (a) all lists referred to in sections 49F (1) (a) prepared by all Primary Care Trusts

(b) all supplementary lists prepared by all Primary Care Trusts and

(c) all services lists prepared by all Primary Care Trusts.... under section 28DA above or under section 8ZA of the National Health Service (Primary Care) Act 1997 (c46), or any list corresponding to a services list prepared by any Primary Care Trust by virtue of regulations made under section 41 of the Health and Social Care Act 2001.

43. The panel further directs, pursuant to Rule 47(1) of the Family Health Services Appeal Authority (Procedure) Rules 2001, that a copy of this decision is sent to the Secretary of State, The National Assembly of Wales, the Scottish Executive, The Northern Ireland Executive and the Registrar of the General Medical Council.
44. The attention of both parties is drawn to the provisions of Rule 43 of the Rules.
45. Finally, in accordance with Rule 42 (5) of the Rules the panel hereby notifies the Appellant that he may have rights of appeal from this decision under section 11 of the Tribunals and Inquiries Act 1992. Any right of appeal lies to the High Court and the Appellant should file any notice of appeal at the Royal Courts of Justice , The Strand , London WC2A 2LL within 28 days from the receipt of this decision.

Siobhan Goodrich
Chair
4th February 2008