MEDICAL COUNCIL OF IRELAND

FITNESS TO PRACTISE COMMITTEE

UNDER PART 8 OF THE MEDICAL PRACTITIONERS ACT 2007

RE: REGISTRANT [WITNESS B]

REGISTRATION NO: 405670

HEARING BEFORE THE FITNESS TO PRACTISE COMMITTEE

AT KINGRAM HOUSE, KINGRAM PLACE, DUBLIN 2

ON FRIDAY, 25TH APRIL 2025 - DAY 9

9

Gwen Malone Stenography Services certify the following to be a verbatim transcript of their stenographic notes in the above-named action

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APPEARANCES

THE COMMITTEE:	MR. PAUL HARKIN - CHAIR MS. MARY DEVINS (REMOTE) DR. MARY DAVIN-POWER (REMOTE)
LEGAL ASSESSOR:	MR. DIARMAID MCGUINNESS SC
FOR THE CEO:	MR. HUGH McDOWELL BL
INSTRUCTED BY:	MS. AINE GROGAN SOLICITOR MESSRS. FIELDFISHER SOLICITORS
FOR THE REGISTRANT:	MS. MAURA McNALLY SC
INSTRUCTED BY:	MR. FAISAL KHAN SOLICITOR MESSRS. FSK SOLICITORS
ALSO PRESENT:	MS. JANE HORAN PROFESSIONAL STANDARDS SECTION OF THE MEDICAL COUNCIL MR. JOHN SIDEBOTTOM PROFESSIONAL STANDARDS SECTION OF THE MEDICAL COUNCIL WITNESS B REGISTRANT

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THE HEARING RESUMED AS FOLLOWS ON FRIDAY, 25TH APRIL 2025:

CHAIRPERSON: So good afternoon all. Before we begin, let me just double check that my Committee colleagues can hear me? Dr. Davin-Power and Ms. Devins, you can hear me, can you? 14:07

DR. DAVIN-POWER: Yes.

MS. DEVINS: Yes, I can hear you.

CHAIRPERSON: Thank you. So good afternoon to you all. This is an Inquiry by the Fitness to Practise Committee under Part 8 of the Medical Practitioners Act of 2007. This is Day 9 of an Inquiry into allegations of professional misconduct and/or poor professional performance and/or a contravention of a provision of the Medical Practitioners Act 2007, including a provision of any regulations or rules made under this Act on the part of a registered medical practitioner. 14:08 14:08

Although this Inquiry is proceeding in public, the Complainant is being anonymised as Witness A, and the Registrant against whom allegations have been made is being anonymised as Witness B. 14:08

In the event that either witness is inadvertently referenced by their actual name or in a way that might identify them, parties to this Inquiry are ordered not to disclose their identity. The transcript of this Inquiry will be amended as necessary to correct any 14:08

inadvertent disclosures.

So let me just for the benefit of anyone who is new to this Inquiry introduce you to the Fitness to Practise Committee here today. My name is Paul Harkin, I Chair this Inquiry Committee, I am not a medical practitioner. You will see on your screens Ms. Mary Devins, who is also not a medical practitioner, and Dr. Mary Davin-Power, who is a medical practitioner. 14:09

With me here today and with the Committee is Mr. Diarmuid McGuinness, senior counsel, he is the legal assessor to the Committee.

And as you probably know by now, the legal assessor is not a member of the Fitness to Practise Committee, he is in attendance to assist the Committee in relation to legal issues or arguments which may arise during the course of the hearing. 14:09

Mr. McGuinness when he gives legal advice to the Committee will permit submissions to be made by the parties on that advice.

The Committee will then retire, if necessary, to make its decision in private in light of the advice of the legal assessor and the submissions made. 14:09

So, if I can bring you back to the previous day, I

think we had gotten to a stage where we were going to hear submissions in respect of sanction. And I understand, Ms. McNally, you had three testimonials you wished to put in front of the Committee, and the CEO sought that those be formally proven. So I presume the intention is that we start with that piece first, and then subsequently hear from you both in respect of the issue of sanction. 14:10

MS. McNALLY: It is actually four, and they have been furnished, and they were furnished on the last day. 14:10

CHAIRPERSON: I beg your pardon.

MS. McNALLY: So the first witness -- sorry, I don't know if I am pressing the right button, apologies. The first witness that we were proposing, and everyone has been sent the respective links, so the first is 14:10 Dr. Haider, who is in London, and that was scheduled from 2 to about 2:30. Then we have Dr. Sarfaraz, who is from 2:30 to 3. And then we have Dr. Yusuf Baig, who is in Karachi. And then we have Dr. Mohd Ghaznain, who is here in Ireland. His practice is in French 14:11 Park, but I gather he resides in Sligo, and he was for around 4 o'clock. But obviously the persons we are anxious to ensure have access is the doctor in Karachi and obviously Dr. Haider --

DR. DAVIN-POWER: Excuse me, Chair. 14:11

CHAIRPERSON: Yes, Dr. Davin-Power.

DR. DAVIN-POWER: Should I be hearing something? I am not hearing any dialogue.

CHAIRPERSON: Okay.

MS. DEVINS: And I have the same difficulty, Chairman.
CHAIRPERSON: So Ms. McNally's microphone needs to be turned on, I think, for you to hear. So I will get her to briefly recap. She was just introducing us to the fact that there are four witnesses that we are going to 14:11
hear who will give testimonials on behalf of the Registrant, and they have some time constraints which we are anxious to accommodate. They are dialling in from London, Kerachi, and as far away as Sligo, we think. So we will try to accommodate and work around 14:12
your scheduling as best we can, Ms. McNally.
MS. DEVINS: And sorry, Chairman, a further point, do we, as in Dr. Davin-Power and I, only get to hear the various parties and witnesses?
CHAIRPERSON: That's a question I will need to ask of 14:12
the Executive staff here. Do you -- can you see me, for example, at the moment?
MS. DEVINS: No, I cannot see you.
DR. DAVIN-POWER: I can.
CHAIRPERSON: So one party can see and one can't. Is 14:12
there anything...
DR. DAVIN-POWER: Maybe swipe across.
CHAIRPERSON: I will need to invoke the assistance of my Executive colleagues on this matter, because it is important that you can fully participate in this. 14:12
MS. DEVINS: Well, I suppose, it is not essential, I mean, I can hear perfectly well if the microphones are turned on.
CHAIRPERSON: Can I just check with Ms. McNally, your

witnesses are going to be giving evidence by video?
MS. McNALLY: It is all by video.
MS. DEVINS: Okay.
MS. McNALLY: It's green now, but flashing, I don't know if you can hear me, it is flashing green, now it is gone red. 14:13
CHAIRPERSON: So it needs to be on red for you to...
MS. McNALLY: They all have been sent the Teams link, I keep saying Zoom, but it's a Teams link, so everyone has been sent the Teams link. So I presume that will facilitate both the entire verbiage that you should be able to both see them and hear them I would have thought. 14:13
CHAIRPERSON: I should have said --

SUBMISSION BY MR. McDOWELL:

MR. McDOWELL: Chair, could I mention something slightly different, but I suppose maybe even before we get on to the witnesses; I just want to draw to the Committee's attention the fact that the anonymisation of Witness B was granted by this Committee, I think in July of last year. And the basis upon which it was granted was concerns around Witness B's presumption of innocence. 14:13 14:14

I am not making an application as such, but I do draw to the Committee's attention the fact that the default position for an Inquiry such as this is that it is

heard in public. And it does now seem to me that the basis for the anonymisation of Witness B perhaps has fallen away, in circumstances where he has made full admissions to all of the allegations against him in the Notice of Inquiry.

So I think it is a matter for the Committee as to whether it regards it as appropriate to persist with that anonymisation order in the circumstances.

CHAIRPERSON: Thank you, Mr. McDowell, for that. Ms. McNally, do you have any comments on that submission?

SUBMISSION BY MS. McNALLY:

MS. McNALLY: I don't have a comment on that submission at the moment other than we have received a text to say that Dr. Haider is only available till 2:30. That gives me 15 minutes, or 16 if my mobile is correct.

CHAIRPERSON: Okay, so the most important thing I think is that we hear from your witness. So maybe we will just pause that and we might invite Mr. McGuinness to give his advice on the matter, but I appreciate you bringing it to our attention. I should have said good afternoon to you both, so good afternoon.

MS. McNALLY: Thank you.

MR. McDOWELL: Thank you.

CHAIRPERSON: So Executive staff, colleagues, do we have the first witness or not?

MS. HORAN: The witness was in the waiting room, he doesn't seem to be there now... there we go.
CHAIRPERSON: I think we have the witness now.
DR. HAIDER: Hello, hi.
MS. HORAN: Good afternoon doctor, can you hear me? 14:15
DR. HAIDER: Yes, I just left I was logged in since 2pm, but I am now going to the hospital. But I still have ten minutes maybe. Let me go back in the house because I... just a minute.
MS. HORAN: Okay. Would it be possible for you to turn 14:16
on your camera?
DR. HAIDER: Let me go to the house, I just came out, I thought no one was coming to the meeting. Give me one minute, I will pick up. My next meeting is starting
actually at 2:30, so I will... I have only ten minutes. 14:16
Can you see me?
MS. HORAN: I can see you. I won't delay you. Just before you give your evidence, you will need to be sworn in. So you can swear on a holy book if you have
one to hand or you can affirm and attest? 14:16
DR. HAIDER: Yeah, I don't have a holy book, but I can affirm.
MS. HORAN: You can affirm and attest.

(Dr. Haider affirmed) 14:16

CHAIRPERSON: Dr. Haider, you are very welcome to this Inquiry today. My name is Paul Harkin, I Chair this Inquiry Committee.

DR. HAIDER: Thank you very much, thank you very much for having me.

CHAIRPERSON: Thank you. As you are under time pressure I won't delay you by introducing you to the Committee, but I will hand you over to Ms. McNally who is counsel for the Registrant in this matter. Thank you again. 14:17

DR. SYED HAIDER, HAVING AFFIRMED, WAS DIRECTLY EXAMINED BY MS. McNALLY AS FOLLOWS:

1 Q. MS. McNALLY: Good afternoon, Dr. Haider, my name is Maura McNally, I represent Witness B, and you have furnished a reference that's dated 6th March 2025, is that correct? 14:17

A. Yes, yes.

2 Q. And could I just ask you, how long have you known Witness B? 14:18

A. So I have known him since 2003, so it makes nearly 24 years.

3 Q. And can I just ask you without going through each of the lines of the reference, could you summarise your opinion of Witness B for the Medical Council here please? 14:18

A. Yeah, so I have had a long relationship with him. So we graduated, we went to the same medical school. We graduated in the same year. Our first job was in the Maldives and it was our first job. And since then after we came to Ireland together, I mean in the same hospital, so up around the last hospital in which we were together was in Castlebar in Mayo. And after that we had been in contact as well. At present I am here in London, so he often comes, not very often, but once in a month, something like that. But in between I have known him as well, so... and I also know a little bit about this case which is going on as well. So it is very surprising to me, I mean what newspapers have been 14:18 14:19

writing about him, which I have read and things, which is very highly uncharacteristic of him, because I mean knowing someone for 24 years and he was coming in my house while I was in Pakistan and here as well in London, I mean he never misbehaved, or even in the 14:19
medical college I never -- I -- I mean he never had any kind of, you know, problem with the opposite sex or gender. So whatever has happened, I mean I think it is not -- it is not the real character of the person who I know sincerely. 14:20

4 Q. Okay. Would it surprise you to know that he has been receiving some treatment from Dr. Yusuf Baig in Kerachi and that he commenced --

A. Yeah, I know he has been seeking help from different psychiatrists because of his mental issues, because 14:20
even I remember when we were in the medical college in the third year he -- I mean he used to take a medication to enhance his mental faculties. So he -- I mean he can be sometimes under pressure, so he used to take a medication, which I don't remember whether it 14:20
was an antidepressant or was it a mood enhancing kind of a medication, but I remember he used to take that. And then I remember that he was -- he told me actually that he was seeing a psychiatrist, a professional psychiatrist here in London, somewhere as well, and in 14:21
Pakistan. But I will not be able to verify or brief on his mental history much.

5 Q. Okay. He more or less left Ireland in 2019, travelling back and forth to Pakistan. Were you aware of that?

A. Yeah, he has been to Pakistan on and off, but I will not be able to recollect exact dates.

6 Q. Okay. And are you aware that the medication he was commenced on, I hope I pronounce it properly, Venlafaxine, and also Zolpidem, one is for sleep, the latter is for sleep and the first is for anxiety and depression. Would you be aware -- 14:21

A. I won't -- I'll not be sure what exact medications he takes, I won't be sure about that.

7 Q. Okay. And are you aware that he married last year? 14:21

A. Yeah, I am aware that he is now married. I haven't attended his ceremony, because he went, I mean, to Pakistan last year and then he told me that he is married now, but I haven't even him since he got married. 14:22

8 Q. Okay. And you use the word at the very start of your evidence "uncharacteristic" I think is the word that you used?

A. Yeah, yeah, yeah, exactly, yeah.

9 Q. And in your practice with him when you were working with him, you described him as someone you would trust implicitly? 14:22

A. Absolutely, because I mean -- I will tell you an example, I mean there are many incidents, but I will tell you one example where he persuaded me to do the Masters in neurology which will help. He told me that it will help you to secure a good position in future. I mean he always used to give very good advice and, like, you know, and very, you know, professional 14:22

advice.

10 Q. Okay.

A. And regarding these allegations, he -- these allegations apparently were in a hospital somewhere in Midlands, in Tullamore somewhere. So when I first heard about these, it was really shocking to me, and then as things unfolded, it got more and more complex, which has led to, you know, this kind of a situation now. So I won't -- I won't be able to pinpoint what was the main trigger, but it could have been, you know, because in Ireland when we were together, it was good, but then you don't know, there is an element of isolation when you are living in a place like far away like in Mayo, for example. 14:23 14:23

So I mean sometimes if you don't have friends around, I mean isolation -- isolation can lead to depression sometimes.

So -- because I left Mayo when I was -- I think it was 2015. I went to Limerick then because I got my training post there and he was alone then. So I am not sure if that was the trigger point which triggered all of this spilling of his... 14:24

11 Q. Okay. You also described him as a person of integrity, professionalism, reliability, supportive, approachable, professional. Do you still stand by that? 14:24

A. Yeah, yeah, yeah, definitely, yeah, because when he is with me all the time, we always talk about, you know,

professional things and nothing else, and it is not for one or two days, it is like 20 plus years, so...

12 Q. Okay.

MS. McNALLY: Thank you, Dr. Haider, I am going to ask my colleague to proceed with his questions. And then with the liberty of the Commission, I might just read the reference into the record rather than waste the time doing that now. Thank you, Dr. Haider. 14:25

DR. HAIDER: Thank you very much, Ms. McNally.

14:25

DR. HAIDER WAS CROSS-EXAMINED BY MR. McDOWELL AS FOLLOWS:

13 Q. MR. McDOWELL: Dr. Haider, my name is Hugh McDowell, I am a barrister appearing on behalf of the Chief Executive of the Medical Council. 14:25

I have before me a copy of a reference dated 6th March 2025 that you have signed. Are you familiar with that document? 14:25

A. Yeah, yeah, yes.

14 Q. Yeah. And did you write that document yourself?

A. Yeah, yes.

15 Q. And did anybody assist you in writing that document?

A. No, no, I wrote it myself. 14:25

16 Q. And are you sure about that?

A. Yeah, yeah.

17 Q. Did Witness B contribute to the contents of that document at all?

A. No, no, no, it was from me.

18 Q. And did Witness B's solicitors assist you with the drafting of that document at all?

A. No, no, no.

19 Q. Okay. So, in the first line of that document, Dr. Haider, you say: 14:26

"I am writing this letter to provide a character reference for Witness B who has been a trusted healthcare professional for 15 years." 14:26

Do you remember writing that?

A. Yeah, yeah, yeah.

20 Q. Okay. And I am not now going to read to you the second sentence in a reference written by another doctor, who is going to be giving evidence today, a Dr. Ahsan Sarfaraz. Do you know Dr. Sarfaraz? 14:26

A. No, I don't know him, no.

21 Q. Okay. So he wrote, and the equivalent sentence in his letter says:

"I am writing this letter to offer a character reference for Witness B, a highly trusted healthcare professional with 15 years experience."

Now, do you think it is unusual that the first sentence of your reference and the first sentence of this other reference both make reference to Witness B being a trusted healthcare professional for 15 years?

A. No, I think this might be a typo, because if you read the last sentence, I have known him for 24 years, so why would I write 15 years.

22 Q. Well, that's why I am asking -- I mean you say that you wrote your letter, Dr. Haider, so let me start again. Your letter says: 14:27

"I am writing this letter to provide a character reference for Witness B who has been a trusted healthcare professional for the last 15 years." 14:27

So did you write that sentence?

A. Yeah, yeah, I think I wrote this sentence, but it is not 15 years, it is 24 years, let me... because... let me see if I have that letter somewhere. I am sure I wrote it, but it is 24 years. And I sent, I think, a copy to his lawyer as well, which I remember. 14:27

23 Q. Okay. I am going to now read to you the second sentence in your letter, Dr. Haider, okay? The second sentence in your letter says: 14:28

"Throughout my association with Witness B, I have witnessed a person who is not only dedicated to their profession, but also deeply compassionate and ethical in their interactions with patients and colleagues alike." 14:28

Did you write those words?

A. Yeah, yeah, yeah.

24 Q. Did anybody else write those words?
A. I am not sure, I am not sure.
25 Q. Okay, I am going to now read to you the second sentence from what purports to be Dr. Sarfaraz's letter, it says:

"Throughout my time knowing Witness B, I have seen an individual who is not only committed to their medical profession, but also deeply compassionate and ethical in his interactions with both patients and colleagues." 14:28

So, can you explain to the Committee why the first paragraph of your letter is almost identical to the first paragraph of Dr. Sarfaraz's letter?
A. I am not really sure, you know, I don't know. 14:29
26 Q. Well, I started by asking you did you -- were you the only person who contributed to this letter. So are you sticking by your answer that you are the only person who contributed to this document?
A. Yeah, yeah, yeah, exactly, exactly. 14:29
27 Q. And can you provide any explanation as to why your document is almost a mirror image of Dr. Sarfaraz's document?
A. I can't say now, how can I -- if I had the letter on the phone, if I had my laptop, I would have double 14:29 checked it with the letter which I signed, I am sure I send it to his lawyer as well this, and I wrote it by myself.
28 Q. So then the second-last paragraph of your letter says:

"Witness B has always demonstrated the highest levels of professionalism, integrity and respect for others."

CHAIRPERSON: I am sorry, Mr. McDowell, I am going to have to pause you for a second, I think we have lost one of our panel. 14:29

A. Yeah, yeah, continue.

MR. McDOWELL: I am just going to wait, Dr. Haider, because somebody has dropped off the call.

CHAIRPERSON: Please continue. 14:30

29 Q. MR. McDOWELL: So the first sentence of the second-last paragraph in your letter says:

"Witness B has always demonstrated the highest levels of professionalism, integrity and respect for others." 14:30

The first sentence of the second-last paragraph of Dr. Sarfaraz's letter says:

"Witness B has consistently displayed the highest levels of professionalism, honesty and respect for others." 14:30

Now, can you account for that similarity?

A. How, I don't know, you can ask his lawyer, maybe, he has, you know, copied my letter or something like that, but I am not sure. 14:30

30 Q. The next sentence in your letter says:

"In the time I have worked with them, I have witnessed a person who is deeply committed to the wellbeing of their patients and the ethical standards of their practice."

The second sentence of the second-last paragraph of Dr. Sarfaraz's letter says:

"Throughout my association with them, I have observed an individual who is wholeheartedly dedicated to his patient's wellbeing and the ethical standards of his field." 14:31

Can you account for the fact that those sentences are nearly identical? 14:31

A. Yeah, they look identical, yeah.

31 Q. I am asking you, can you explain to the Committee how your document is almost identical to another doctor's document?

A. I am not sure. 14:31

32 Q. Well, can you offer an explanation or can you not?

A. I mean I certainly didn't copy Dr. Sarfaraz's letter down, I am sure about that.

33 Q. Yes. And I am conscious of your time pressure, doctor -- 14:31

A. Sorry to interrupt, I mean the important thing is that I mean what I have written I am standing by it, that I have known this person for 24 years. If you go in the small micro details that this was copied from here or

this is copied from here, although I haven't copied it, what does this whole -- how -- I mean, will this discussion negate my reference do you think or what?

34 Q. Well, that's a matter for the Committee, Dr. Haider, I am not going to spend all of this time -- 14:32

A. I mean --

35 Q. Just listen to my question, Dr. Haider, just listen to my question.

MS. McNALLY: Let him answer, let him answer.

MR. McDOWELL: I haven't asked a question, I was just interrupted by the witness.

MS. McNALLY: He was answering, he was answering.

36 Q. MR. McDOWELL: So, Dr. Haider, I want you to listen to my question, did Witness B or his solicitors supply this reference to you for your signature? 14:32

A. No, they didn't, I wrote it, but I mean even if they supply it, for example, which they haven't, I mean I am account -- in this face-to-face meeting I am telling you -- I have told the whole truth to you how long I have known this person, I mean how will it negate this 14:32 reference.

37 Q. So you are not in a position to explain to the Committee why your reference is --

MS. McNALLY: Asked and answered, asked and answered.

38 Q. MR. McDOWELL: Okay, so you are not in a position to 14:33 explain to the Committee why your reference is identical to another witness's reference?

A. Does it matter how -- how does it matter in this --

39 Q. Just answer. Dr. Haider, answer my question, are you

in a position to explain it or not?

MS. McNALLY: Sorry, Chair, I have to object to --

A. I mean I have written it and I am not sure that whoever has copied this letter or used the same words in a way, but in this case, how it will affect his reference? 14:33

40 Q. So Dr. Haider, when did you work in Castlebar?

A. I am not very good with the dates, but the year was 2015.

41 Q. Well, can you please now be more precise than that. When exactly did you work in Castlebar? 14:33

A. So I think it was from January 2015 to July 2015.

42 Q. Yes. And you say that you knew Witness B before that, isn't that right?

A. Yeah, yeah, yeah.

43 Q. Because you went to the same medical school in Pakistan, is that correct? 14:34

A. Yeah, yes, yes.

44 Q. And you both ended up working in Castlebar, is that right?

A. Yeah, yeah. I mean first we were in Wexford, Wexford Hospital. 14:34

45 Q. Okay.

A. And then I moved to Waterford for a brief period of time for three months or six months. And then we met again in Wexford. And then we went to Castlebar. 14:34

46 Q. Yes. And you say that you know a little bit about the case from what Witness B told you, is that correct?

A. Yeah.

47 Q. So what did he tell you?

A. I mean I have known that when he was in this Midlands Hospital, which I think it is Tullamore Hospital, that he encountered in his team a person with whom he had some kind of, you know, conflict, and then it kind of spread out in a way which was not, I mean, not professional or something. But I don't recollect those details.

48 Q. So your understanding of what this case is about is a conflict that occurred in Tullamore Hospital, is that right? 14:35

A. Yeah, yeah, yeah, something like that, yeah.

49 Q. I see. And can you tell the Committee what your understanding of what that conflict was?

A. I don't know about the details, but later on I read a piece of newspaper article as well, which I mean indicated various source of, you know, sexual kind of stuff. I mean it was in a newspaper about him, an article written in a newspaper. 14:35

50 Q. And did you read that after Witness B told you what the case was about or before Witness B told you what the case was about? 14:35

A. So it was -- I mean he send me this -- Witness B sent me this link of this newspaper, and in that newspaper I read that I mean he was being accused of, you know, different kind of sexual abuses, which was a shock to me as well after reading that. 14:36

51 Q. And when he sent it to you, did he explain to you that what was in the article was true or untrue?

A. No, I mean why would he say that this is true?

52 Q. So, is it your understanding today that Witness B does not accept that these allegations against him are true?

A. Yeah, I mean he told me obviously that his name is being, you know, made bad in the press.

53 Q. So, are you aware, Dr. Haider, that Witness B has admitted to everything that is alleged against him in this Inquiry? 14:37

A. What does that mean, can you explain, I mean you are using a lot of technical things, you know technical jargon, you have to explain what does that mean? 14:37

54 Q. Well, Dr. Haider, you are a professional doctor, I take it you were registered with the Medical Council when you were here, he had allegations of misconduct made against him and he has admitted to all of those allegations, including a very serious degree of inappropriate contact with a female doctor over a period of four years. 14:37

Now, he accepts that all of that happened. Were you aware of that before today? 14:37

A. No, no, I am not aware of this part that he has admitted to it, I am not aware of this part.

55 Q. So prior to me telling you that just now, your understanding was that there was some conflict or disagreement about whether these things had taken place or not, is that so? 14:38

A. Yes, yeah, yeah, this, and plus this newspaper article which I read.

56 Q. Yes. But your understanding when you read that was

that Witness B did not accept that any of those things had taken place, isn't that so?

A. Yeah, I mean absolutely, I mean why -- I mean he told me that these -- they are putting his name in, you know, giving him a bad name in the press, and he was denying all of these allegations. 14:38

57 Q. So, do you know that when he told you he denied the allegation, you know that he was lying to you at that time?

A. Oh well I know, I mean, why are you putting these words in my mouth. I mean, how will I know that he was lying to me or if he was saying truth. 14:38

58 Q. Because Dr. Haider, he has pleaded guilty at this Inquiry, he has accepted that these things took place.

A. I am telling you my thing that I am not aware that he has pleaded guilty or not, I am not aware of this. 14:38

59 Q. Yes.

A. And I have given my statement from the time period from when I have known him.

60 Q. Yes. And can you give please, Dr. Haider, your best understanding of what the allegations were against Witness B? 14:39

A. As I told you, I was not in that hospital, I have no clue, but I mean he told me some, you know, these details that there was a colleague of his with whom he had some sort of, you know, conflict. So I am not aware of the micro details. And all those details which I came to know were from that newspaper article which I read. 14:39

MR. McDOWELL: Thank you very much, Dr. Haider.

A. Thank you very much, thank you.

DR. HAIDER WAS RE-EXAMINED BY MS. McNALLY AS FOLLOWS:

61 Q. MS. McNALLY: Just Dr. Haider, before you go, has your opinion and reference regarding Witness B changed based upon those questions that have been put to you, the same question put to you numerous times?

A. No, no, no. 14:40

62 Q. Has it changed your opinion of Witness B?

A. No, no, it hasn't changed, because the time which I was spending --

63 Q. I'm sorry, I can't hear you, sorry?

A. Can you her me now? 14:40

64 Q. I can it was background noise here beside me. Sorry, you were saying?

A. I was saying that my reference or my opinion hasn't changed, because he hasn't, you know, admitted to me about these things. So what I know from the time I 14:40 have spent with him, he -- in those, I mean, moments or time, I can still say that he of a good character. But I am not aware of his admittance of pleading guilty to this Committee.

65 Q. Do you still believe he is a person who is a good 14:40 professional, high quality medical care, good clinical knowledge, extensive knowledge?

A. I am just telling this that the time which I have spent with him, I will still stand by all of these elements

of professional behaviour.

MS. McNALLY: Thank you, Dr. Haider. The Committee may have questions for you. So if you just stay on the line.

CHAIRPERSON: Thank you, Dr. Haider. I will ask my Committee colleagues if they have any questions for you. 14:41

MS. DEVINS: No questions, thank you.

QUESTIONING BY THE COMMITTEE:

DR. DAVIN-POWER: Just one question.

CHAIRPERSON: Please.

DR. DAVIN-POWER: Thank you, Dr. Haider, when was the last time you met with Witness B face-to-face? 14:41

A. So I think it was last year probably, probably in the last quarter. In the last quarter of 2024, he came to my house, and whenever he comes he stays here in my house here in London.

DR. DAVIN-POWER: And did you have any discussion about these issues that have been going on for the last -- 14:42

A. Yeah, when you meet friends obviously there are, you know, these discussions among friends, so. I mean he was still, he was still quite -- in his mind he was quite worried about his professional career, because he is not able to pursue his medical career in terms of training, you know. So we obviously talked about these issues. 14:42

DR. DAVIN-POWER: But he didn't give you details of the

current issue that...

A. No, no, no, I mean I never probe him about these issues, I mean we talked about it in general, and he was a bit worried that his case was going on and he was worried that he is not getting any training or he can't even go and register. He wants to go to Australia to further his progress, but because of his case he is stuck and he can't get a good standing certificate. So I mean we talked things like that, but not specifically about that very case. 14:43

DR. DAVIN-POWER: Thank you, doctor.

A. Thank you very much.

CHAIRPERSON: Thank you, Dr. Haider. I don't have any questions for you, but I just want to take this opportunity to thank you for making yourself available today for this Inquiry. 14:43

DR. HAIDER: You are most welcome.

CHAIRPERSON: And to take the opportunity to thank you for your service in Castlebar as well and elsewhere in Ireland, so thank you for that. 14:43

DR. HAIDER: Thank you, much appreciated, thank you very much.

CHAIRPERSON: Take care.

DR. HAIDER: Thank you, bye bye.

14:43

THE WITNESS WITHDREW

CHAIRPERSON: Sorry, I should have explained, Ms. McNally, we can only have two microphones on at the

same time. So when I am signalling to you I am just telling you to turn off --

MS. McNALLY: Perfect.

CHAIRPERSON: The red indicates that you are live and otherwise you are muted. 14:44

MS. McNALLY: Thank you. Our next reference is from -- actually I should read that reference into the record of Dr. Haider, or will I just take it that everybody has it and save...

CHAIRPERSON: Unless Mr. McDowell particularly likes... 14:44 we are happy to take it as read.

MS. McNALLY: Take it as read, perfect, thank you.

MR. McDOWELL: I wonder could it just be admitted as an exhibit, I know, Chair, that you are keeping a house record of the exhibits, so... 14:44

CHAIRPERSON: Thank you for that. Yes, of course, we will accept it as a formal exhibit.

MS. McNALLY: Much obliged.

MR. McDOWELL: Or perhaps if they all went in together, maybe, I think there are four written references. 14:44 Thank you.

CHAIRPERSON: Thank you.

MS. McNALLY: The next reference is from a Dr. Sarfaraz, Dr. Ahsan Sarfaraz.

CHAIRPERSON: Is that witness -- 14:45

MS. McNALLY: They have a Teams invite.

CHAIRPERSON: And can you just remind me of their time constraints?

MS. McNALLY: They said they would be available between

2:30 and 3-ish. I am looking at my clock here on the phone and it says 2:45, so it's just a case of getting him to sign in.

CHAIRPERSON: And obviously if you need to juggle around to accommodate your witness from Kerachi I am happy to hear out of order as well, so please continue. 14:45

MS. HORAN: Good afternoon, Dr. Sarfaraz, can you hear me okay? You are just on mute. If you could just unmute your microphone please.

DR. SARFARAZ: Yes, good afternoon, my name is Ahsan, I am one of the doctors, yeah. I am just on a holiday, but on the request of Witness B, I need to come and join in. 14:47

MS. HORAN: Thank you very much. Just before you give your evidence today you will need to be sworn in. So I suppose just given your surroundings, you will probably be better to affirm and attest. So if you could repeat the following after me please. 14:47

(Dr. Ahsan Sarfaraz affirmed) 14:48

CHAIRPERSON: Dr. Sarfaraz, my name is Paul Harkin and I am the Chair of this Inquiry Committee. Thank you for making yourself available today.

Just to orientate you, there are three-members of the Fitness to Practise Committee here today, myself, who is not a medical doctor, Ms. Mary Devins, who is also not a medical doctor, and Dr. Mary Davin-Power, who is

a medical doctor. So we are the Inquiry team. I am going to hand you over immediately to Ms. McNally, who is counsel for the Registrant, and she will take you through your evidence. So thank you again for your attendance today. 14:49

DR. SARFARAZ: That's no problem, it's my pleasure.

DR. AHSAN SARFARAZ, HAVING AFFIRMED, WAS DIRECTLY EXAMINED BY MS. McNALLY AS FOLLOWS:

66 Q. MS. McNALLY: So Dr. Sarfaraz, my name is Maura McNally, can you hear me? 14:49

A. I can.

67 Q. Okay. And you have given a reference for Witness B, the Respondent, isn't that correct?

A. Yes, that's correct, yes, I have given a reference, yeah. 14:49

68 Q. And it is dated 11th March 2025?

A. That's correct.

69 Q. Okay.

A. I did not have my laptop on me on the day, but I think it was around that time, yeah. 14:49

70 Q. Okay. Can I ask you how long you have known him?

A. So I know Witness B since 2014 when we were working in Wexford General Hospital. So we did a six month rotation. I was doing my first one in Accident & Emergency and he was in medicine. So we had frequent 14:50 interactions while we were working there in the hospital. And then once we got to know each other, we used to meet outside as well.

71 Q. Okay. And over the course of the last ten years, would you have had much contact with him? 14:50

A. I think for the first few years, we did. But then I had new family members, I have had three children since the time I have known him, and then of course in that course of period our contact got less and less. But we

still keep in touch, you know, over the phone and inquire about each other's life.

72 Q. Okay. And just in respect of your reference, you have stated that you have complete confidence in his capabilities. Do you stand by that statement? 14:50

A. I do stand by that. Now, I have worked with him a long time ago and, you know, we have had -- we were also some period working in Dublin, but in different hospitals, and we were preparing for our examinations and, you know, and working with him and knowing him, I 14:51 have complete confidence in him --

73 Q. Okay.

A. -- and his capability as a doctor, yeah.

74 Q. And you say that you believed in his expertise and in his empathy and in his dedication to medicine. Do you 14:51 still stand by that?

A. I still stand by that as well.

75 Q. Okay. And then in your reference you referred to him doing some community work, could you explain to the Committee what that is about? 14:51

A. Well, he had told me that he had been to Pakistan where he was part of the, you know, the polio vaccination programmes and stuff, and especially during the period of time when there were [inaudible] as well that he had gone and done a period of work as well. 14:52

76 Q. Okay. And are you aware that he married last year?

A. He vaguely mentioned that he got married, but I didn't get into the details of it, because as I mentioned that, you know, our touch had been reduced.

77 Q. Okay.
A. But I definitely [inaudible - lost connection] --
78 Q. I think you have frozen a little there, Dr. Sarfaraz, you might just have to repeat that?
A. Sorry, can you hear me? 14:52
79 Q. Yes, we can hear you. Can you hear me?
A. Yes, I can hear you, yeah, perfectly.
80 Q. You are back again. Were you aware that he was on medication for anxiety and for sleep medication, were you aware of that? 14:53
A. I did know that he was taking some anti-anxiety tablets when we were studying for an examination. You know, it was I think in the year 2017, if I -- I vaguely remember those circumstances. I did find him very stressed during that phase as well. I pretty much 14:53 thought that it was all examination or, you know, work stress-related environment. So I do remember, yes, that he was on anti-anxiety tablets at that stage, yeah.
81 Q. Okay. And regarding your opinion of the doctor, do you 14:53 still stand by him as a person of good character and integrity?
A. As far as I know him, yes, I do, yes, I have had a lot of experiences with him. Like I was preparing for the exam and I pretty much used to go to his home to do the 14:54 exam with him and, you know, he was always motivational. He took his profession very serious. And I had worked with him in the hospital as well and the first time when we dealt with a patient, which

again was a long, long time ago.

But overall my experience of him has been great. He is a great professional. And I think he is very pleasurable, a team player, and I think I was very 14:54
impressed by his communication skills, the way he dealt with the patients, all of our teams were slightly different at that stage, because he was in medicine and I was in A&E, and I would always refer him, the patients for medical review. And he would come back 14:54
and discuss those patients with me, I think that was a great, you know, way of, you know, dealing and gaining medical knowledge. So it is just based on those facts I say that he has had a [inaudible] in my dealing with him. 14:55

82 Q. Okay.

A. Can you hear me?

83 Q. Yes, we can, yes. Thank you, Dr. Sarfaraz, if you just answer any questions that my colleague has now.

A. Yeah, sure no problem. 14:55

DR. SARFARAZ WAS CROSS-EXAMINED BY MR. McDOWELL AS FOLLOWS:

84 Q. MR. McDOWELL: Hello Dr. Sarfaraz, I am a lawyer acting 14:55
on behalf of the Chief Executive of the Medical Council.

I wonder could you explain to the Committee what your

understanding is of the circumstances in which you are giving evidence today, or that you are addressing the Committee today?

A. So what I have been told is that there had been some issue with some allegations made against Witness B, and it was just a reference for his character, you know, and his professionalism in dealing with the patients, so I am just... yeah. 14:55

85 Q. And what is your understanding of the status of those allegations? 14:56

A. Witness B did not highlight to me in details. Again he is someone who keeps things very to himself, but I did ask him what has happened and he told me there was some issues with a girl in -- a colleague where they didn't get along, and allegations made against him and he asked me to give his, you know, character reference for this. But again I have not gone into details of what has been going on in the background. 14:56

86 Q. Sorry, did you use the word director there?

A. No, no, no, his character. 14:57

87 Q. His character, excuse me?

A. Character reference.

88 Q. So your understanding is that there was an issue with a colleague that allegations had been made against him and that you have been asked to give a character reference? 14:57

A. Reference, yes.

89 Q. And what is your understanding of the contents of the allegations?

A. I am not aware of any of those things.

90 Q. Very good.

A. Of about what is going on in the background. I have -- it is just as a friend and as a colleague he had asked for a character reference and I said, I am happy to do that, but again I didn't go into details of what is going on. You know, it is just purely for his character that I can vouch, that he is somebody who is sound and has his profession and he has a good medical knowledge on the background. 14:57 14:58

91 Q. And did he tell you whether he accepts or disputes the allegations against him?

A. No, he hasn't given me anything.

92 Q. Okay. So you are not aware then, I take it, that Witness B has in fact admitted to eight allegations of professional misconduct? 14:58

A. No, I haven't.

93 Q. No?

A. He told me that he did accept a few of them, but again I didn't go into the details of it. As I mentioned, it was just purely a character reference that he has asked me for and, therefore, I had, you know, considered it for him. 14:58

94 Q. Yes. Your written reference is dated 11th March 2025, I know you don't have it in front of you, but you are aware of it? 14:58

A. That's correct. No, I don't, no, I am on holiday at the moment.

95 Q. Very good. Can you remember when Witness B asked you

to put together that reference?

A. I think it was the end of February, I believe, if I recall properly.

96 Q. Yes.

A. It was around that time. 14:59

97 Q. Yes. Because as of the end of February Witness B was still contesting the allegations made against him, but on the morning of 11th March, which is the date of your reference, he admitted all of the allegations against him. 14:59

So, are you telling the Committee that prior to the 11th March he had asked you to provide him with a character reference?

A. Yes. 14:59

98 Q. I see.

A. But I didn't know what was going on in the background.

99 Q. Very good.

A. You know, yeah, yeah, I just gave a character reference of how much I know him, and based on the fact that I 14:59 have worked with him and he had been my colleague and a friend. But again, as I have mentioned before, our paths alleviated once I had a family. So I did not or was not aware of what was going on in his life. We just speak three or four times in a year -- 15:00

100 Q. Yes.

A. -- to see how things are, yeah.

101 Q. And did you write this character reference yourself?

A. I did, yes.

102 Q. Did anybody help you write it?
A. No, I wrote it myself. But, you know, I had used the dictionary and chosen words for him.
103 Q. Yes, but did Witness B look at this document before you signed it? 15:01
A. No, he gave me his lawyer's e-mail address and it went straight to them.
104 Q. Yes. And did his lawyers help you write this document?
A. No.
MS. McNALLY: Asked and answered. Asked and answered. 15:01
MR. McDOWELL: It hasn't been asked.
MS. McNALLY: The question has already been put.
A. No, I just sent the e-mail and that's it. And this is the next time I am giving -- only the first time I mentioned about this time. Initially I was saying I am 15:01 not able to attend it because I am on leisure leave at the moment, but I think it was twice cancelled, it was twice cancelled before. So, he requested me if I could kindly come and I said okay, I will do it, just to put an end to this. 15:01
105 Q. So Dr. Sarfaraz, I am going to read to you now the first paragraph from your letter?
A. Sure, yeah.
106 Q. It says:

"I am writing this letter to offer a character reference for Witness B, a highly trusted healthcare professional with 15 years of experience. Throughout my time knowing Witness B, I have seen an individual

who is not only committed to their medical profession but also deeply compassionate and ethical in his interactions with both patients and colleagues."

A. That's right. 15:02

107 Q. So you wrote those words yourself?

A. I did, yes.

108 Q. I am now going to read the first paragraph from a letter from somebody else that is before the Committee, another doctor, and it says the following: 15:02

"I am writing this letter to provide a character reference for Witness B, who has been a trusted healthcare professional for the last 15 years. Throughout my association with Witness B, I have 15:02 witnessed a person who is not only dedicated to their profession, but also deeply compassionate and ethical in their interactions with patients and colleagues alike."

15:02

A. Okay.

109 Q. Would you agree with me that that paragraph is almost identical to the paragraph that appeared in your letter?

A. It does sound identical, it does sound identical, yeah. 15:02

110 Q. And can you offer any explanation as to why those two paragraphs are identical?

A. I am not sure, but, as I said, most of my -- when we were writing this, we do take help off, you know, the

[inaudible] for the character reference through the computer. So I am not sure how it is very identical, but this is what I had taken from the computer at the time I was writing this letter for Witness B.

111 Q. Well, what do you mean when you say you took it from the computer? 15:03

A. You know when you write or Google character references, it gives you a few images that you can, you know, choose as a benchmark of writing your own.

112 Q. I see. So you -- 15:03

A. It could be completely coincidental, yeah, yeah.

113 Q. So, I asked you had you had any assistance in writing the letter and you said, no. But I think now you are saying did you use, and are you saying that you used a template or some document that you found on Google? 15:03

A. Yes, yes, on the computer, Google, yes, I had used dictionaries and Google templates to put it down.

114 Q. And why did you not say that when I asked you earlier?

MS. McNALLY: Well, now, Chair, the way the question was put, the implicit behind the question was, was it Witness B who sent him the reference or the solicitor, not was there help from whatever it is, the AI dictionaries or whatever. 15:04

MR. McDOWELL: Well, if that's the explanation, it's an explanation that Dr. Sarfaraz has given, but Ms. McNally doesn't need to come to his rescue.

MS. McNALLY: I am not coming to his rescue. This is on the basis of he knows well the question that he put, he is now trying to twist it to say that that question

also encapsulated whatever IT help is available on computers and systems, et cetera.

MR. McDOWELL: I only asked why did he not say it, and if that's the reason he can explain that that's why he didn't say it.

115 Q. So, I am going to read to you another paragraph from your letter, Dr. Sarfaraz.

A. Yes.

116 Q. You say at the end:

"At no point during our professional relationship have I witnessed any behaviour that could be deemed inappropriate or unprofessional. Witness B has always maintained clear professional boundaries and ensures a safe and respective environment for everyone he interacts with whether in a clinical setting or beyond."

Did you write those words?

A. I did, yes. 15:05

117 Q. Did anybody --

A. I told you I did. I have taken them from the template and the dictionary. This is the first time I am giving a character reference, so I did look it up. But, as I said, that letter is completely written by me, and 15:05 neither Witness B's lawyer or he himself, you know, gave me any part of this.

118 Q. So the words I just read out, did you write them or did you take them from a template?

A. I took them from a template, but then, you know, I wanted the essence that I wanted to get across.

119 Q. Yes.

A. But of course I had taken the help of that template and made sure that, you know, everything was okay. And once it was completed I had forwarded it to the lawyer -- 15:05

120 Q. Yes.

A. -- that Witness B had given me the e-mail address of.

121 Q. So now I am going to read to you an equivalent paragraph from the other letter. It is at the end of the letter, it says: 15:06

"Throughout our association I have never witnessed any behaviour that could be considered inappropriate, unprofessional or disrespectful. Witness B has always been conscientious about maintaining boundaries and creating a respectful safe environment for all those he interact with whether in clinical settings or outside of work." 15:06

Now, would you agree with me that that is nearly identical to the paragraph that you say you wrote?

A. I would say, yeah.

122 Q. Okay. I am now going to read -- sorry, Dr. Sarfaraz, go on? 15:06

A. No problem. I will tell you one thing that when you are -- if you Google all this character references, they pretty much will sound very identical, You know.

123 Q. Yes. And now Dr. Sarfaraz, I am going to read to you from a third letter from another doctor called Dr. Muhammad Ghaznain, and he says:

"Throughout my years of knowing Witness B, I found him to be a highly competent professional and ethical doctor. He consistently demonstrates dedication, compassion and integrity in his medical practice. His strong clinical skills combined with a kind and empathetic approach towards patients make him a valued colleagues and a trusted healthcare professional." 15:06 15:07

Now, would you agree with me that that is again nearly identical to the paragraph that you wrote, and nearly identical to the paragraph in the second letter that I read from? 15:07

A. Yeah, they sound similar.

124 Q. But there are very small differences between them, isn't that right?

A. There are I would say, yeah. 15:07

125 Q. Yes. And they didn't therefore come from the same template, isn't that so?

A. I don't think so, but there is a possibility, I am not sure. But, as I said, I am not sure whether the other two references have used the same template, you pretty much go with the first template that comes on. There could be a possibility that the thing is... has been based on that template as well. 15:07

MR. McDOWELL: Thank you very much, Dr. Sarfaraz. I

don't have any -- sorry, I didn't mean to cut you off, but I don't have any other questions for you.

DR. SARFARAZ WAS RE-EXAMINED BY MS McNALLY AS FOLLOWS:

126 Q. MS. McNALLY: Sorry, Dr. Sarfaraz, just before I hand you over to the Chair; you stand by everything that's in this written reference that you have given to the Committee?

A. Yes, I do, I do, yes. 15:08

MS. McNALLY: Thank you very much for your time, Dr. Sarfaraz, I will just hand you over to the Chair.

A. Sure.

CHAIRPERSON: So I will invite my Committee colleagues if they have any questions for the witness? 15:08

MS. DEVINS: No, thank you, Chair.

DR. DAVIN-POWER: No, thank you, Chair.

CHAIRPERSON: I have no questions either. So I just want to take this opportunity, Dr. Sarfaraz, to thank you for your attendance today, to thank you for your 15:08 clinical service in Ireland, and also to wish you well on your holiday.

DR. SARFARAZ: Thank you so much. Thank you so much. And I wish you all the very best. Take care, thank you, bye bye. 15:08

THE WITNESS WITHDREW

MS. McNALLY: Chair, the next witness, if he is online,

is Dr. Yusuf Baig from Kerachi. And if he is not we could try and telephone Dr. Ghaznain in Roscommon/Sligo. He is not online. It is 15:09 according to my phone.

15:11

(SHORT PAUSE IN THE HEARING)

MS. McNALLY: Apparently Dr. Yusuf is trying to log in if that helps in any way.

15:12

(SHORT PAUSE IN THE HEARING)

CHAIRPERSON: Just for the benefit of my Committee colleagues, we are waiting for the next witness to connect, so if you bear with us. 15:12

(SHORT PAUSE IN THE HEARING)

MS. HORAN: Good afternoon, doctor, can you hear me?

DR. BAIG: Hello, good afternoon. 15:13

MS. HORAN: Just before give your evidence today you will need to be sworn in. If you have a holy book to hand, you can swear on the holy book, or you can affirm and attest.

DR. BAIG: I can affirm and attest. 15:13

MS. HORAN: Affirm and attest?

DR. BAIG: I am sorry, I am just having some internet issues here.

MS. HORAN: Can you hear me?

DR. BAIG: Hello?
MS. HORAN: Hello, can you hear me?
DR. BAIG: Hello.
MS. HORAN: Hello, can you hear me now?
DR. BAIG: Hello. 15:14
MS. HORAN: Hello, can you hear me?
DR. BAIG: Yes, that's better.
MS. HORAN: If you could just repeat the following after me please.
15:14
(Dr. Yusuf Baig affirmed)

CHAIRPERSON: Good evening, Dr. Baig, I believe you are four hours ahead of us in Kerachi, thank you for joining us today. 15:15

My name is Paul Harkin and I Chair this Inquiry Committee. Also on the Committee are Ms. Mary Devins and Dr. Mary Davin-Power. Ms. Devins and myself are not medical practitioners, Dr. Davin-Power is a medical 15:15 practitioner.

So thank you again for your attendance today. I am going to hand you over to Ms. McNally who can take you through your evidence, but thanks for attending. 15:15
DR. BAIG: You're welcome.

DR. YUSUF BAIG, HAVING AFFIRMED, WAS DIRECTLY EXAMINED

BY MS. McNALLY AS FOLLOWS:

127 Q. MS. McNALLY: Dr. Yusuf, my name is Maura McNally and I am here for Witness B, and you have furnished a medical report in respect of him, isn't that correct? 15:15

A. Yes.

128 Q. Okay.

A. That's correct.

129 Q. Sorry, pardon?

A. That is correct. 15:15

130 Q. Okay. And could I ask you firstly just to confirm your qualifications, what it is you do, what it is you work at?

A. Okay. So my full name is Dr. Yusuf Baig and my qualifications are I have done my graduation, MBBS and 15:16 RCPS in internal medicine and RCPS in critical care medicine. I work as an intensivist at the hospital here, as well as I work as a general practitioner in a clinic which is a medical and dental clinic.

131 Q. Okay. And could I ask you how long you have known 15:16 Witness B?

A. I -- that is very long time ago and probably I know him from before 2016, around 2016 when he was -- but I have been treating multiple members of his family as a family physician before. 15:16

132 Q. Okay. And just in respect of your treatment of him, when did that start do you recall?

A. To be proper, it started from 2016.

133 Q. Okay. And could I ask you what his presentation was

when he first came to you back in 2016, what were the issues?

A. So, he was having some very unusual issues at that time, he was talking very fast, he was confused, he was fearful, he was waking up at night, he had jumbled speech, his sound didn't make any sense and he was waking up in sleep. 15:17

134 Q. Okay. And did you commence him on any medication back then in 2016?

A. Yes, at that time I just gave him some anxiolytics, which were a Diazepam injection and Xanax tablets. 15:17

135 Q. Okay. And did you see him in person or was it over the phone when you first saw him in respect of that Diazepam and Xanax?

A. That was in person, and on his family's request. 15:17

136 Q. Okay. And I take it obviously that he was home in Pakistan at that stage?

A. Yes, at that time he was at home.

137 Q. Okay. And then your medical report refers to seeing him three days later on over the phone, a consultation over the phone, is that correct? 15:18

A. Yes, that's correct.

138 Q. And what was his presentation then three days later after you had commenced him on the injection of Diazepam and the Xanax? 15:18

A. He was better and he was able to give a lot of things in the history at that time.

139 Q. And can you recall what he said to you?

A. Okay. So he said a lot of things about being

overworked at his place and he had to work unscheduled hours, and he had issues that they were unethical requests from his colleagues. So these were the issues. That was actually a very long time ago and I would have to see my medical report to confirm all of these things.

140 Q. Yes. And did you see him every year thereafter, or regularly thereafter after 2016?

A. Yes, almost.

15:19

141 Q. So how --

A. There were multiple consultations where some were in person and some were on phone.

142 Q. Okay. And if I could ask you just to -- if we take, for example, 2016 to about 2019, what was his presentation and how were you treating him?

15:19

A. So, he had non organic psychiatric symptoms and most of the time he was stressed and he had this, a lot of mental stress and tension at the time. And initially I thought he had depression and overstressed at work, non organic psychosis.

15:19

143 Q. Okay. And could I ask you just if we skip forward to now, 2025, is he on medication now?

A. Yes, he is taking Venlafaxine and on and off he takes anxiolytics.

144 Q. Okay. And what is the Venlafaxine that you mentioned, what is that for?

15:20

A. That is for his depressive psychosis.

145 Q. Okay. And do I take it that he has been on that medication for a while?

A. Yes, for a long while. If I remember correctly he is on it since 2018 or '19.

146 Q. Okay.

A. I would have to check the notes again, but that's around the same time. 15:20

147 Q. And could I ask you, when in your medical opinion did you see an improvement in his symptoms, considering he had been presenting to you confused and fearful, jumbled words, all of that, when was there a definitive improvement in his presentation? 15:20

A. There was a definitive improvement around the time of, I think, 2022 and 2023 when he was -- the problem with him was the communication and all the stress that he was facing at work. And he was called again and again by the Council, and this was causing lot of mental 15:21 stress on him. And therefore, he was having those problems. So once he was -- then there was some colleagues of him, the female colleague, I believe, one of the Complainants, she was calling him again and again. And once he was off the -- he was -- I advised 15:21 him not to contact her. I advised him not to the listen to her phone and not to contact her, because that was causing him strain. And even in between in 2022, there was a time when I advised him not to -- he was not fit at that time for online communication and 15:22 fitness, but there was still contact by the authorities from the Irish Medical Council and the hospital, and this was all causing a burden on him.

148 Q. Okay.

A. So I think it was around 2022, once the contact was somewhat disrupted, he started feeling better and he was kept on regular medications, he was back in Pakistan, so he had persons to take care of him.

149 Q. Okay. You did depression screening of him to assess him for depression? 15:22

A. Yes.

150 Q. Do you recall when you did that?

A. The first time I did that was in -- when he was first seen initially at that time. And then later on when I saw him in 2018, I think. 15:22

151 Q. Okay. Have you been responsible for giving him prescriptions throughout, prescription medication throughout your dealings with him?

A. Most of it. I had been seeing him all this time, but he has been consulting the psychiatrist as well for these things. 15:23

152 Q. Okay. When was his last presentation to you? When did you last see him?

A. That was last month. 15:23

153 Q. Last month. So March of this year?

A. Yes.

154 Q. Okay. And how did he present then in March of this year?

A. Right now he is a lot better. He is stressed still, he is still scared and fearful of what has been going on, but he is a lot better now. 15:23

155 Q. Okay. Do you know him in any professional capacity doctor to doctor?

A. By that what do you mean?

156 Q. Have you ever worked with him, working side by side with him doctor to doctor?

A. No, I have not worked with him.

157 Q. Okay. And you said earlier you were dealing with his familiar, I take it you are kind of the family GP and you have been dealing with him himself since 2016, is that correct? 15:24

A. I have been working as a family physician since 2012 maybe. 15:24

158 Q. Okay. Has his medication increased in quantity or has it levelled out? You talked about the Venlafaxine, is that an increased dosage, or is he on a steady dosage in respect of your prescriptions of him?

A. He is on a steady dosage now. 15:24

159 Q. Pardon?

A. He is on a steady dosage now.

160 Q. Okay. And would it be fair to say that as long as he is on his prescription medications that everything is under control, would that be fair to say? 15:25

A. Yes, that is a serious issue, he has to take the medicines probably for lifelong because of suffering from repeated stress problems.

161 Q. Okay. Do you know anything about his medical career, or do you just know about him as a patient? 15:25

A. During his history and conversations, he has been discussing a lot of things with me as part of the history taking and interviews. So I only know the information that he has told me.

162 Q. Okay. In his most recent presentation you said he was with you last March, March of 2025, is he over the confusion, has he stopped speaking quickly, is his speech still jumbled, or has that that all improved?

A. He has improved a lot. 15:26

163 Q. Okay.

A. I will tell you that all he now has are the anxiety and the stress, the feeling of the stress and fear.

164 Q. Okay. Can you comment on what those fears are, what did he say to you those fears are? 15:26

A. Well, he has been discussing a lot of issues. First of all, to start with he had a lot of problems in the first place back when he was -- in 2016 when he was back in Pakistan, he had issues at work there, and he mentioned a lot of things, I can recall a few of them, 15:26 I have mentioned a few of them in my report as well.

So one of the most important things was that he was made an SHO. He was recommended as an SHO at the hospital where he was working, but due to the lack of 15:27 registrar he was made to work as a registrar as well. And one of his issues was also that the consultant there could not, would not come on-call at night and he was supposed to -- he was asked to cover him at night as well. That is a very serious issue. And he faced a 15:27 lot of fears, at that time he thought that the patients might die because of these things, he may cause some problem.

And then on top of that, as per his history, he said

that one of the consultants, he was very rude towards him. And then he used to ask him to do unethical things that he said. To recall a few, he mentioned that the consultant, he used to -- when he used to round, there were few patients, these other patients who cannot sleep or eat or drink by themselves, they have very low, very low conscious level, and they are in almost like a vegetative state, they are near dead. 15:28

So when the consultant finished round and when he left, another consultant took over and asked him to do all of the things which he thought it was unethical to change the board from palliative care on a patient who is about to die and start, he was asked to cannulate them and give them medications and do other things. 15:28

And then when the attendance of the consultant -- sorry, attendance of the patients, they used to argue with him, because why was the board changed. And there was no one else to answer all those queries other than him. He was left all alone in that regards. 15:28

And every time he was expected to do everything he was asked to do, cover the medical ward, he was asked to cover, I think, ICU, he was asked to do emergency; according to him I think he mentioned that everyone was always on leave, I don't know maternity leave or exam leave, so he was made to do other people's tasks as well and he was made to do tasks beyond his capacity as 15:29

well. Remember he was recommended as an SHO.

Then he -- so these were the starting fears. Then there was some female colleague, I believe one of the Complainants, who started -- taking advances towards him. And when he complained about those things to the higher ups, HR and his boss, they said this is -- he said he got that this is a normal thing and he should try to socialise. And when he did not try to socialise, according to them, they started spreading some malicious rumours about him which caused a lot of disturbance to him. 15:29 15:30

Like for example, that he is gay, he is not capable to perform sexual acts, I don't recall all of those, but these were some of the things that he mentioned. And he was under a lot of emotional stress at that time. 15:30

Then he also mentioned that during his last days in the first hospital, his consultant made him do calls when he was on medications. And when he went to his room to sleep, this female colleague, she came and she started doing physical advances towards him. And later -- again was a very serious issue, because this person, he is vulnerable, he was just taking, started taking medication, he was just out of psychosis, he was mentally stressed. Whether he consents or not, I don't think he has the capacity to consent to that. Whether he consents or not, that is not acceptable. He 15:30 15:31

is mentally, he was mentally ill at that time. Then --

165 Q. I will just stop you there for one second. And at the time he was saying all this to you, you had made the diagnosis of psychotic depression and depression.

A. Yes. 15:31

166 Q. Okay. And you had commenced him at this stage when he was saying all this to you on the Diazepam and on Venlafaxine?

A. Venlafaxine was started afterwards, yes.

167 Q. Okay. And he reported all of this to you throughout 15:32 that period from 2016 to about 2019, is that correct?

A. Yes, many of these things were reported in the second contact, which was done on the phone after the first contact. And then later on in subsequent, subsequent interviews he kept on telling more and more things 15:32 about which he was afraid.

One more thing was that when he was at the hospital, when he was covering for the registrar, when he was supposed to cover as a registrar, this girl used to 15:32 call him at night saying that there are patient issues and he should come and he should hurry back, hurry to the hospital, even though it was not in his schedule working hours, he was asked to come. And whenever he used to go to the hospital, there were no patient 15:33 issues and this girl consultant she wanted to have a drink with him or she made -- look, there was no patient issues, as such. So that caused a lot of stress on him coming from somewhat of a -- you can see

a religious or a relatively conservative background, so that caused a lot of mental strain on him.

168 Q. Okay. But you had him on medication at that stage --

A. Yes.

169 Q. -- both the Venlafaxine and another anxiety medication? 15:33

A. Even with the medication he was under stress. So for psychiatric problems you have to remove the stress, repeated stress would just worsen his condition.

170 Q. Okay. In the things he was saying to you about his patients, did that indicate to you that he was 15:33 concerned, that he had sympathy for his patients?

A. Yes, he particularly I can remember he mentioned that he was very concerned about some unusual medications, like patients were subjected to research. Like, for example, he said that there was stroke patients who 15:34 were given high dose blood thinner intravenously which can cause brain haemorrhage and he felt very bad for that because that would harm his patients. And again he was also worried that his stress and his condition may affect the patients as well. 15:34

171 Q. Okay. And does that lead you to conclude that he was always worried and concerned about patients?

A. Yes.

172 Q. The Zolpidem, what is Zolpidem for, maybe I am not pronouncing it right? 15:34

A. It is also an anxiolytic, there was a sedative effect.

173 Q. Okay. And you say he is going to be on this medication lifelong?

A. Yes, Venlafaxine and Zolpidem.

174 Q. Are you aware that he married last year, 2024?
A. Married?
175 Q. Are you aware that he got married last year, he is now a married person?
A. I am not aware of that. 15:35
176 Q. Okay. Have you scheduled to see him in the future, or was it just that every time he is home he comes and sees you?
A. I am worried about him in a way that he has been my patient for very long and I would really want him to 15:35 follow someone continuously and regularly. He just comes and goes and doesn't have enough time, although he has consulted various psychiatrists, I think there were three GPs involved, and I think three psychiatrists involved as well, I think Ireland as 15:36 well. But still he needs to be put in a regular proper care, properly followed that is.
177 Q. Sorry for one second, Dr. Yusuf, sorry.
A. Yes.
MS. McNALLY: Thank you, Dr. Yusuf, if you could answer 15:36 any questions that my colleague has.

DR. BAIG WAS CROSS-EXAMINED BY MR. McDOWELL AS FOLLOWS:

178 Q. MR. McDOWELL: Good afternoon, Dr. Yusuf, I am a lawyer 15:36 acting on behalf of the Chief Executive of the Medical Council. Could you just tell the Committee what your understanding is of the context in which you are addressing the Committee today? So, do you know what

stage we are at in the process?

A. I am not sure about it. What sort of stage are you...

179 Q. Do you know why we are all in this room today talking about Witness B, do you know what that's about?

A. I am not aware of all the proceedings, I just know that I have to verify my medical report. 15:37

180 Q. Yes, but do you know what the context is of this hearing, do you know why we are discussing Witness B?

A. I think there was some complaints against Witness B, yes. 15:37

181 Q. Yes. And what do you understand those complaints to be?

A. There was this girl, I don't know exactly what he mentioned, I have no idea regarding those complaints what exactly she has done, but she has made some unusual allegations, like she has claimed that he is her husband, like this. 15:37

182 Q. So you understand that her allegation is that Witness B is married to her when that is not true?

A. No, I don't think this is true from what Witness B has told me. 15:38

183 Q. But you understand that she is alleging that they are married, isn't that right?

A. Yeah, I think that is one of the allegations.

184 Q. Yes. And has Witness B told you what his attitude to the allegations is? 15:38

A. His attitude, Witness B's?

185 Q. Yes.

A. So, he doesn't recall much of it. He says that this is

not... probably say that is not true, he said this is not true, and the whole event I have narrated to you, he has been afraid of this thing all this time. Afraid of that girl all this time. He is concerned that she is making unusual advances towards him. I don't know what may be the reason, but these are the problems that he has been facing.

186 Q. And your understanding is I think that this girl, as you say, has been making sexual or romantic advances towards Witness B and that those are unwanted, isn't that right? 15:39

A. The context that he has told me, they are totally unwanted. For example, the time they started they were done with a person who is on medication, who is suffering from an illness, and the problem has been ongoing for a long time. And then the advances, although romantic, what you can say advances, they were made in the hospital during working hours. And as per Witness B, she used to ask him to drink and party as well when he used to come as a cover for registrar. 15:39 15:40

187 Q. Yes, so --

A. That's what he told me.

188 Q. So, Dr. Yusuf, I am not --

A. The allegations are serious. I don't expect such things to happen in hospitals. 15:40

189 Q. Yes. So I am not going to spend a long time going through the detail of that with you, Dr. Yusuf, but I just want you to know that your understanding of the allegations is wrong, is very seriously wrong. And

that if Witness B told you that those are the allegations, he has mislead you in a very serious way, okay. Sorry, if you want to comment on that please do?

A. You were saying something?

190 Q. Sorry, so I take it then that it will surprise you to learn that Witness B has pleaded -- he has admitted seven allegations of professional misconduct which relate to harassment of a female colleague between 2016 and 2020. I take it that's a surprise to you to learn? 15:40

A. This -- the allegations made by the girl, why would that be, because if you look at these -- 15:41

191 Q. Dr. Yusuf, just listen to my question for a moment. He has admitted that all those allegations are true?

A. No, these allegations can't be true because of the causation that he has told me, what he has told me. 15:41

192 Q. Dr. Yusuf, just forget what he told you for a moment, I am telling you now that he has told his lawyers to tell the Medical Council in Ireland that everything that that witness said, that female doctor said, it is all true. Okay, that's the position he has now adopted. 15:41 And if you understand otherwise, you are incorrect, okay?

A. Then I am telling you from what he has told me, the history he has told me. And I don't think that that can be correct, and I don't think that he may have 15:42 adopted this new statement or whatever you say, because he has been subjected to continuous mental stress and all these, even not over a day or two, for four years, so that is very serious. This guy needed support. He

needed -- just because, his words as well, that just because he was of a coloured race, he was non-Irish, he was treated in a bad way. And from what he has narrated, this seems likely true, that he was harassed at work.

193 Q. Okay, but Dr. Yusuf, I just have to interrupt you, I am sorry to interrupt you, I don't doubt for a moment that Witness B told you all of that, okay, I don't doubt it for a moment. But I am telling you now that what he told you wasn't true and he now accepts -- just listen to me for a second, Dr. Yusuf, and he now accepts that is wasn't true. And he accepts that he engaged in a very lengthy campaign of harassment against a young female doctor, okay, I want you to understand that. So you don't need to say that you don't believe it or you don't think it is true, I am telling you it is true, and just take my word for it, okay?

A. Okay, but --

194 Q. Witness B says it is true, and I am telling you it is true, okay.

A. No, it can't be true, because he has been subjected to a lot of stress. I don't think he can admit it, because this has not been one, two months, this has been over a lot of years, so...

195 Q. But Dr. Yusuf, everything that you understand that took place in Ireland is based on what Witness B told you, isn't that right?

A. Yes.

196 Q. Okay. And I am telling you now that he has mislead you

in a very serious way in relation to some very serious things, okay?

A. If you look at the causation of everything, because in law we have the rule of causation, no --

197 Q. Dr. Yusuf, you don't need to tell me -- you are not here to talk about law. Dr. Yusuf, you are not here to talk about law, okay? 15:44

A. No, you are right, but I am here to talk about my medical report. My patient has suffered a lot of mental stress which has caused him to suffer from a serious illness which he will probably require lifelong treatment for that. And this -- who will be answerable for that? For all these problems, there was -- he reported all these things to HR, he reported all these things to his boss, he reported all these things to inquiries. When he came back to Pakistan, the girl used to phone him a lot of times and he was admitted in hospital and the time he picked up those phones -- 15:44 15:44

198 Q. Dr. Yusuf, this is a public hearing, what you are now saying, I am afraid to tell you, and I don't mean to be critical of you, it is simply not true, okay. Witness B accepts it is not true, there is no evidence at all before the Committee to validate anything that you are saying, okay. Witness B has made admissions to all of the allegations against him, okay, do you understand that? 15:45 15:45

A. I don't think this can be true, but --

199 Q. Dr. Yusuf, can I just politely ask you to stop arguing with me about that, I am telling you it is true?

A. I am not arguing, I am listening to you.
200 Q. Well, I am telling you it is true, okay, he admits all of it. His lawyers will tell you that themselves if you ask them. There is no dispute about it, he harassed a female colleague for four years and he has admitted that that constitutes professional misconduct, okay? 15:45
A. How can he harass a female if he was himself a patient, he was taking medications, he was under a lot of stress, he was made to subject in an environment where he had no support at all, not even from his superiors. 15:46
201 Q. Dr. Yusuf, you don't know any of that, you don't know -- all of that is just you repeating, repeating what Witness B has told you, isn't that right? None of that, none of that falls within your direct knowledge, and therefore you cannot give evidence in relation to any of it, okay? 15:46
A. Yes, but if it was just a one time presentation I would have admitted to what you are saying. It was something repeated again and again, so if something was definitely going on wrong there. Even when he went in 2019/20 during that time, the Covid era, he was asked by the authorities to come because of an Inquiry. And even then he was -- at that time the Covid era came and he was left on the street, there was nobody to take care for him. 15:46 15:47
202 Q. Dr. Yusuf, you have to stop now, because you are talking -- Dr. Yusuf, listen to me, you have to stop now because you are talking about things that you don't

know, you are just repeating things that somebody else has told you, so you can't give that evidence. So I am going to stop asking you questions now and Witness B's lawyers can ask you any other questions that they wish to ask you if they wish? 15:47

A. So I am not the only doctor involved, there are three GPs at the time, and their reports should also be included.

203 Q. Dr. Yusuf, please just stop, because you are talking about things that you don't know about, so please just stop. 15:47

DR. BAIG WAS RE-EXAMINED BY MS. McNALLY AS FOLLOWS:

204 Q. MS. McNALLY: Dr. Yusuf, just to finish off about the medication, he is going to be on this lifelong medication for anxiety and depression into the future? 15:47

A. Yes.

205 Q. And you say you diagnosed that he was suffering from this psychotic depression, is the phrase that you have used in your medical report, you diagnosed that back in 2016, is that correct? 15:47

A. Yes.

206 Q. And you have also give evidence that as long as he is on his medication, and keeps on his medication, to use my phrase, it is not a medical phrase, everything is fine once he does that? 15:48

A. Yes, but he has to take those medications because of this.

207 Q. Okay. But he has this condition, this psychotic depression that he had, this anxiety?

MR. McDOWELL: Just to observe, I don't think any of this arises on re-examination --

A. Yes.

MR. McDOWELL: I don't think any of this arises from my cross-examination.

MS. McNALLY: I think it does -- sorry, in my submission it does in respect of certain of the answers that were given, let me get my point here. When he was a patient of mine, how can he be, he was a patient, he was under stress, he was under medication, so I am just coming back to that. And he was under stress, let me get the other phrase that I wrote down. So it is arising in respect of that, and I had earlier asked about his diagnosis as well, so it is just arising in respect of that, so that's where it comes from. And it is in the medical report. 15:48 15:48

CHAIRPERSON: I am happy for you to proceed.

208 Q. MS. McNALLY: Thank you. So you stand over your medical diagnosis, Dr. Yusuf? 15:49

A. Yes.

MS. McNALLY: Thank you, Dr. Yusuf. If you just answer any questions that the Chair may have for you and the Committee, so don't go away yet. Thank you. 15:49

CHAIRPERSON: Thank you, Dr. Yusuf. Committee colleagues, do you have any questions for the witness?

QUESTIONING BY THE COMMITTEE:

MS. DEVINS: If I may, Chairman, please?
CHAIRPERSON: Please.
MS. DEVINS: Good evening, doctor, my name is Mary Devins and I am a lay person on the Committee. Firstly, you are a GP, I understand, and you work in a hospital as well, correct? 15:49
A. Yes.
MS. DEVINS: And is it normal for a GP to prescribe what lay people would consider psychiatric drugs, or are the drugs on which Witness B is on, are they prescribed by a psychiatrist? 15:49
A. So the general psychiatry is usually looked after by the general physicians, and it is not -- I have not referred him again and again to psychiatrists. For the maintenance, that is when I, that is what I have kept him on. 15:50
MS. DEVINS: And my second question, thank you, my second question is, I think you used the phrase, if my note is correct, that your patient is suffering from non organic psychosis? 15:50
A. Yes.
MS. DEVINS: And you have gone on to give evidence that he will be on lifelong medication. Could you explain that situation to me please? 15:50
A. So to start with that was non organic psychosis, because he is not suffering from -- initially he was not suffering from any proper psychiatric disease at

that time. But later on he does have psychotic depression, he is depressed as well, even when he is severely depressed he does develop physiatric symptoms, which I have mentioned in my report.

MS. DEVINS: And what exactly is the medication supposed to do for that, is it to relieve the depression which might result in psychosis, or is it to counteract any psychotic effects that might arise? 15:51

A. So he would have to take the medicines for lifelong, and also to avoid all the stresses. So during all this time he has to continuously face all the stresses, he has been contacted again and again by that lady and by the police as well. And even though his family -- they have complained the e-mails and the calls that the girl was sending him when he was in Pakistan, so even though he has complained to the police there, but I believe no inquiry was made, this is, I think, unacceptable. 15:51 15:52

MS. DEVINS: And doctor, my final question, I promise, why do you believe everything your patient said to you, and on which you must have taken extremely detailed notes? In view of the fact that he presented to you, in your own words, initially as confused, tearful, suffering from sleeplessness, et cetera, why have you such implicit belief in what your patient said to you? 15:52

A. So, as I said, the first visit, which done at his home, he was not able to give the history at that time properly. But subsequently when he started becoming better on the medication, he recalled all those things, he could narrate in a better way. And then things -- 15:52

the issues with him kept on happening again and again. And he has had multiple conversations. He has had multiple consultations physically as well as on the phone. That's why I believe that something serious was going on and on and on, which kept on repeating. 15:53

For example, if he was a complete psychiatric patient making fabrications, making up stories, the stories would not be so coherent.

So, he is always talking about the same problem that he has faced, and all the problems are linked to that afterwards. So that stress is continuously there. And I am not the only person who has been seeing him.

As I recall, and you can check the notes as well, the other doctors, three other GPs and three other psychiatrists have also seen him, and their reports have not been included in this document. There has been a psychiatrist, I think Dr [inaudible], he was 15:54 occupational health worker, he gave a detailed recommendation about his condition. He was a psychiatrist, he would be a better person than me to give a recommendation on these things, so...

MS. DEVINS: Thank you. 15:54

A. Thank you.

CHAIRPERSON: Can I ask Dr. Davin-Power, do you have any questions for the witness?

DR. DAVIN-POWER: I just have two questions. I suppose

one is concerning in that Witness B reported to you some unethical medical procedures being performed in one of our hospitals with regard to patients who were begin an IV drug, and I missed the name of that drug, Dr. Yusuf, I couldn't hear it? 15:55

A. Yeah, so what I recall, he told me that it was Clexane --

209 Q. Clexane?

A. Yes, Clexane. Usually he mentioned Clexane, in proper terms, so Clexane is usually given subcutaneously, and 15:55 it is an anticoagulant, it is a blood thinner. Usually we give it subcutaneously and they give half the dose in heart attacks only. So according to Witness B this medication was given in full dose to the stroke patients intravenously just because of some research 15:55 purposes.

DR. DAVIN-POWER: Thank you. And --

A. And other events as well, I don't even recall, but I couldn't jot down everything that he said. I was quite surprised that these things were happening in a 15:55 hospital.

DR. DAVIN-POWER: And could I ask you, do you think at any stage that Witness B exhibits any symptoms of a paranoid psychosis? Did he exhibit any symptoms of paranoia? 15:56

A. I don't think -- I think the proper person to ask that would be a psychiatrist, but I don't think that he is exhibiting paranoia.

DR. DAVIN-POWER: Okay, thank you very much, Dr. Yusuf.

A. Thank you.

CHAIRPERSON: Thank you, Dr. Yusuf. I think most of my questions have been asked by my colleagues, but I will try -- so my apologies if I repeat any of the questions, but I just want to make sure that I have covered everything. You are not qualified as a psychiatrist, is that correct? 15:56

A. Yes.

CHAIRPERSON: The diagnosis of psychosis is your diagnosis, is it? 15:56

A. That has been my diagnosis, and that has been confirmed by other psychiatrists as well.

CHAIRPERSON: Confirmed by others. And have you referred the doctor to other specialists?

A. Yes, multiple times. 15:57

CHAIRPERSON: Okay.

A. I don't understand -- he was always called back to Ireland and he would not have a proper medical treatment for a very long time.

CHAIRPERSON: Okay. You had a back and forwards with Mr. McDowell where he explained to you that the witness, sorry the Registrant had admitted to conduct. And you were very firm in your contesting that it was not possible for him to make those admissions. Do you feel that he is well enough at present to make admissions? 15:57 15:57

A. Such admissions.

CHAIRPERSON: Any -- is he currently in a state where he can make decisions for himself or act rationally and

give instructions to his counsel, would you say?

A. I think the proper person to answer that would be a psychiatrist.

CHAIRPERSON: Okay.

A. But I don't see any reason that he can not make proper decisions. 15:58

CHAIRPERSON: Okay, you have no reason to believe he can't make proper decisions. So when he makes admissions, does that change your opinion of your history taking to date. 15:58

A. Sorry, I cannot understand what you are saying.

CHAIRPERSON: So this is a Fitness to Practise Inquiry, so our only concern is whether this doctor is fit to practise medicine in Ireland. Some serious allegations have been put forward against him, and he has made 15:58 admissions as to fact that those did actually take place.

A. So far I have not seen him, not anything. The sort of which you are talking about, I have not seen it, but I think the proper person to judge that would be a 15:58 psychiatrist. He is capable of making decisions, but this proper decision lies with a psychiatrist. He recalls almost everything correctly when he says, I don't see any loss of memory or any problems with recollection, so that's what I have. 15:59

CHAIRPERSON: Very good.

A. Got from him.

CHAIRPERSON: Thanks excellent, thank you very much, and that concords with how he has presented to this

Inquiry, he has been clear and consistent. So that's what I wanted to just reassure myself.

You have said several times that it can't possibly be true, because you are basing your assessment based on information that the doctor has told you. Can you conceive of the possibility that what he told you was not correct? 15:59

A. Still I would say I cannot conceive that because I have seen the medical notes that I sent; they mention multiple contacts with multiple doctors as well, and he has seen multiple doctors as well, there are a lot of witnesses to these events, for example, at Covid era when he was stranded there. His cousin -- his caretaker had to call his cousin and he had to travel back to Pakistan. He had to arrange a travel back to Pakistan when he was ill and nobody to take care of him. So those people can also affirm these things. 15:59 16:00

Then if his colleagues can confirm it, there are -- I am not the only person who has been looking after him. 16:00

CHAIRPERSON: No, I understand that, that's very helpful, but you are here today to give advice on your medical treatment of him. And in case I forget to say, thank you for your care to the doctor over the last number of the years. You didn't at any stage, am I correct in saying, you didn't at any stage conclude that he was delusional or paranoid in any way? 16:00

A. No, I have never seen any delusion or paranoia from

him.

CHAIRPERSON: Are you qualified to make such a conclusion, if he did exhibit delusional behaviour, do you think?

A. Again I would say that the exact proper assessment lies with the psychiatrist. 16:01

CHAIRPERSON: I get that. I understand that. But you didn't make that conclusion, you feel that he is coherent and consistent in his presentation to you?

A. What I have screened, I have screened him for delusional thoughts and hallucination and all these organic psychosis problems. And in all my screening he never exhibited those problems. 16:01

CHAIRPERSON: That's perfect, thank you very much, that's very clear. I will just ask the two counsels if there are any matters that arise? No, no matter arises. 16:01

So I just want to thank you again for your attendance and your participation in this Inquiry. And also, as I said, thank you for your care to the doctor over the last number of years. You can disconnect now. Thank you. 16:01

DR. BAIG: Thank you.

16:02

THE WITNESS WITHDREW

MS. McNALLY: The next witness is Dr. Ghaznain, this is the final doctor.

CHAIRPERSON: This is the doctor who is connecting from Sligo.
MS. McNALLY: Roscommon/Sligo, he lives in Sligo, he is French Park Medical Centre in Roscommon.
CHAIRPERSON: And is he available now? 16:02
MS. McNALLY: 4 o'clock is what he had said. My clock says two minutes past four, but I will be guided by you.
CHAIRPERSON: Would it be possible to take a five-minute break and give the Executive a chance to 16:02 connect him. We will just take five minutes. Thank you.

THE HEARING ADJOURNED BRIEFLY AND RESUMED AS FOLLOWS: 16:11

MS. HORAN: Just before you give your evidence this afternoon, you will need to be sworn in. If you have a holy book to hand, you can swear on the holy book or you can affirm and attest.
DR. GHAZNAIN: I can affirm and attest. 16:12

(Dr. Mohd Ghaznain affirmed)

CHAIRPERSON: Dr. Ghaznain, my name is Paul Harkin, I Chair this Inquiry Committee. First of all -- 16:12
DR. GHAZNAIN: Hi.
CHAIRPERSON: I would like to welcome you here today and thank you for your attendance. Other members of the Committee you will see on screen include Ms. Mary

Devins and Dr. Mary Davin-Power. Myself and Ms. Devins are not medical practitioners, Dr. Davin-Power is a medical practitioner. So together the three of us form this Fitness to Practise Committee.

I am going to hand you over now to Ms. McNally, counsel for the Registrant, who will take you through your evidence. So once again thank you for your attendance today.

DR. GHAZNAIN: Thank you so much. 16:13

DR. MOHD GHAZNAIN, HAVING AFFIRMED, WAS DIRECTLY EXAMINED BY MS. McNALLY AS FOLLOWS:

MS. McNALLY: Dr. Ghaznain, my name is Maura McNally, I am representing Witness B. You are a GP at French Park Medical Centre in Co. Roscommon, is that correct? 16:13

A. Yes, I am, yeah.

210 Q. And I gather you live in Sligo, is that correct?

A. Yes, I do, yeah.

211 Q. And how long have you known the doctor, could I ask you? 16:13

A. So I know Witness B for like 12 years now.

212 Q. 12 years. And where did you meet?

A. So, like, I was working in Mayo General Hospital in Castlebar, so he was my colleague over there for a couple of years, and then I moved to Tullamore, so I -- like, you can say I met there for the first time over there, back in 2014. 16:13

213 Q. Okay. And what has your contact with him been over the last decade, or 12 years rather? 16:14

A. So, like, you know, honestly speaking, like, he is like very courteous, very honest, a respectful person. And as a team, like, when we were working he was good, he was very professional and very empathetic towards patients and also very responsible for his duties and very caring and, like, you know, he was always punctual. And in terms of patient care he was very efficient and very professional. 16:14

214 Q. Okay. And just in respect of your dealings with him,

we will say over the last year, do you still come across him regularly?

A. Yes, I do, like, you know, because I know him for long and then we also worked together in Tullamore. So after that, like, I went to Cork, like, he was working nearby. And now he is doing locums here and there and so, you know, I am in contact with him for, like, you know, since then. 16:15

215 Q. Okay. So, would you meet him regularly, would you meet him every month or telephone him every month? 16:15

A. You could say that, you know, maybe at least a telephone, because we are busy. But if he is working around somewhere near Sligo, he would come over to see me.

216 Q. Okay. And in your reference you describe him as honest, respectful and dependable. Do you still stand by that? 16:15

A. Yes, I do, yeah, yeah.

217 Q. Okay. And you felt that he had the highest standards of professionalism, and that you would recommend him for any position of responsibility. Do you still stand by that? 16:16

A. I do, yes, definitely.

218 Q. And you also said -- oh sorry?

A. Yeah, I always like found him very professional and very compassionate towards his work, and he is a proper responsible doctor that we expect for someone to be our doctor -- 16:16

219 Q. Okay.

A. -- in simple words.

220 Q. And you say:

"He has strong clinical skills combined with a kind and empathetic approach to patients." 16:16

Do you stand by that?

A. Yes, I do. So, like, let's say if, you know, as a team if you are working together and the patient's needs for some urgent issue, he was always here, because we carry 16:16 the bleep for our, like, if we are not around that specific part of the hospital, and the nurses, you know, bleep us like for the response. And that means that there is something urgent going on. So he always -- I found him always, you know, very, you know, 16:17 prompt response to his duties. And when it comes to the patient care, he always showed a good attitude, very caring attitude, very empathetic. And in between the team members he has been always very professional and very kind. So, anything else like? 16:17

MS. McNALLY: No, I am going to ask you to answer any questions that my colleague has, and your reference is going in as part of the exhibits, so thank you, Dr. Ghaznain

16:17

DR. GHAZNAIN WAS CROSS-EXAMINED BY MR. McDOWELL AS FOLLOWS:

221 Q. MR. McDOWELL: Dr. Ghaznain, I am a lawyer acting on

behalf of the Chief Executive of the Medical Council. Can I ask you, when did you write this reference for Witness B?

A. I don't exactly know the date, but it could be like a month roughly. 16:18

222 Q. A month ago?

A. Yeah.

223 Q. And did you write it yourself?

A. Oh, yes, yes.

224 Q. Did you receive any help from anybody? 16:18

A. No, no, no, whatever, you know, I could think of, I just wrote.

225 Q. Yeah. And did you -- did Witness B's lawyers help you write this document?

A. No, no. 16:18

226 Q. Did Witness B help you write the document?

A. No, no, no, no.

227 Q. Did you rely on any templates or anything like that for professional references?

A. Not really, I just found like when I was asked just about his, you know, professionalism and being a doctor and being an individual, how I find him. 16:18

228 Q. Yes.

A. So I just wrote whatever, you know, I could, maybe I could have written more, maybe but this is what I... 16:19

229 Q. Yes, but these words are all your own words, is that right?

A. Oh, yes, yes.

230 Q. Because the words you use at certain passages in your

report are nearly identical to the words used by other witnesses in their written references for Witness B. Can you explain that?

A. Okay. So what happened actually, you know, because when we write a reference for anyone, sometimes, like, you know we use technical words that would help to get a job for the other doctor. So probably that would be one reason. Like for instance, if I say Witness B is honest, it means like, do you know, if he makes any mistake in the treatment of a patient, he would agree like he could accept his mistake and he will promptly, you know, talk to the team or his coordinators. And if I say he is respectful, like, it means he is courteous. And we always use these technical words, do you know what I mean. Like if we want to give a reference to any of our junior colleagues, for instance, if he wants to, you know, seek a job, like. So maybe that would be one reason, but I don't know. 16:19 16:19 16:20 16:20

231 Q. But that's the only explanation you can offer as to why there are parts of your reference that are almost identical to paragraphs from two other references that are before the Committee?

A. I can't comment on other references.

232 Q. Very good, but your evidence is that you wrote all of this yourself? 16:20

A. Yes, I did, like, you know. I mean I wrote like, I can see one second, I can open that. So if I say:

"I am pleased to provide this character reference for

Witness B, for whom I have worked professionally and personally for 12 years."

That's a fact. My name is there, a GP, and I first met him there and we moved there:

"Throughout my years of knowing him, I found him to be very highly competent, professional and ethical doctor."

So these are, like -- I don't see anything like that that could not be duplicated for some reason, but I can only tell like, I would write these words to anyone who wants, you know, the reference for the job or just you know their character as well. 16:21

233 Q. Dr. Ghaznain, what is your understanding of the context in which you are addressing the Committee today?

A. This means like, you know, I am just giving the reference for his character, what I found him as a professional. 16:21

234 Q. But do you understand why we are all in this room discussing him?

A. So I know he has some issue like going on, like, there was some issue, but I was not there when that happened.

235 Q. And what is your understanding of the issue? 16:22

A. So my understanding of the issue is that there was some -- like, you know, he has some issues with his colleague when he was working in the hospital, and he tried to text or something and then things got

aggravated, and then that specific colleague went to guards or IMC.

236 Q. Yes, and what is your understanding of Witness B's attitude to those allegations?

A. So like when we asked, like, if you have any mistake, I will be honest like, you know, maybe, you know, apologise if you have done anything wrong, this is what we normally would do, because everyone can commit a mistake, like, something that, you know, any other person won't like, so the best thing is to say sorry. That was my prompt response. And this is what I think, like, you know, that things got escalated. And after that even when I was telling him, like, you know, if he has done anything wrong he should say sorry and just try to, you know, not to escalate things. 16:22 16:23 16:23

237 Q. Yeah, so that's what you said to him. But what do you understand his attitude to the allegations to be?

A. Now, like, you know, I don't know, he said yes, I will do that, but he -- I know that, you know, we are all, his friends, if I talk about his friends, all of them are married, they have their own families and they live, and he was living alone. So maybe his mental health was not optimal, I would say, and probably he just kept it to himself and that also elevated the problems. 16:23 16:24

238 Q. And do you have any further -- do you have any further detail in your understanding of the allegations other than that there was an issue with a colleague and that he sent some texts, is there anything else that you

know about it?

A. This is what I know that he sent some texts and that specific person talked to the, you know, the authorities, like the Gardai, the hospital, and he apologised, but probably he's texted again and then the things got aggravated. 16:24

239 Q. Do you know what was in the texts?

A. I don't know.

240 Q. Is there anything else you know about the allegations?

A. No, because I was not there in Mayo Hospital when it happened. 16:24

241 Q. Yes. But has Witness B told you anything about else about the allegations?

A. He just simply said, this is what I did, I didn't do anything else. And I said, okay, if you just texted please say sorry. 16:24

MR. McDOWELL: Yes. Okay, thank you very much, Dr. Ghaznain, I have no further questions.

CHAIRPERSON: Ms. McNally, do you have any follow-up questions? 16:25

MS. McNALLY: No, I have no further questions, thank you.

CHAIRPERSON: Committee colleagues, do you have any questions for the witness?

MS. DEVINS: No, thank you, Chair. 16:25

QUESTIONING BY THE COMMITTEE:

DR. DAVIN-POWER: Yes, Chair, if I may ask a question?

CHAIRPERSON: Please do.
DR. DAVIN-POWER: Thank you, doctor. I just want to get a better sense of how well you know Witness B. When, for instance, would be the last time that you met him face-to-face have been? 16:25
A. Last week.
DR. DAVIN-POWER: And how often would you meet him face-to-face?
A. Once a month, or -- it could be sometimes, you know, like, I use his car, or sometimes, you know, you 16:25 interact with your friends if you need something or you want to see them, you just want to say hello, so we, you know, meet or, you know, I am in contact.
DR. DAVIN-POWER: And over the last while that you have known him, have you had any concerns about his health? 16:26
A. I think, like, he [inaudible] obviously maybe due to the current issue as well, but when it first happened I was not -- when I first met him, he was totally fine, like, you know, a typical normal funny guy, but later on I realised that his friend that is from his own 16:26 medical school, he got married and he started living alone, middle of, you know, nowhere, he had a no one living around, so like there were all farms and no house around. So then that rang a bell, I said, look, please, Witness B, I think you need to live near 16:26 people, because I was working in Tullamore at that time. I told him at least live in the town, it is not good for your health, you are living alone. That was the first time I noticed that his mental health is not

great. But, you know, there are a few personal things nobody should want to share, or this is what I would tell him sometime, you know, you cannot jump into some other shoe like if they don't want to. But I know that since 2016, he had some mental issues and he kept it to himself and they were not addressed at that time. 16:27

DR. DAVIN-POWER: And to your knowledge does he have a partner or a wife at the moment?

A. You know, he just -- maybe when he was in Pakistan, he was probably getting married, it was in the past, but if I say, like, a year ago, he didn't have any partner. 16:27

DR. DAVIN-POWER: But you are not sure if he is married now?

A. He is married now, like, ceremonially, but I think wife is not here. 16:28

DR. DAVIN-POWER: Oh I see, okay, thank you, doctor.

DR. GHAZNAIN: Okay, thank you.

CHAIRPERSON: Thank you, Dr. Ghaznain. My question to you is, you said in your reference that the Registrant displayed high standards of professionalism? 16:28

A. Mm-hmm.

CHAIRPERSON: He has admitted to conduct, very serious allegations of misconduct?

A. I understand.

CHAIRPERSON: If a doctor made such admissions and behaved in such a manner to a colleague who was more junior than him, would you still say that that exhibits high standards of professionalism? 16:28

CHAIRPERSON: From my knowledge, you know, when I

interacted with him for the first time back in 2014, that was my understanding of that time, number one. Number two, when I met him again in Tullamore, the issue was resolved at that time, but there were obviously, you know, working in that environment, we work with male and female colleagues. So again he was totally fine. I never, you know, found anything that he is not respectful to any of his colleagues, male or female. And then I never heard like somebody, you know, complaining at that time as well. 16:29

After that, like, if I see him individually apart from only that specific, you know, incident, he never, like, you know, he always has been very respectful.

CHAIRPERSON: Thank you. 16:29

A. So, like, let's say, you know, I am married, so I have my wife, and if let's say it is getting late and he wants to stay at my place, I won't be like uncomfortable or something like, he is not that kind of person that I won't allow him to meet my family. 16:30

CHAIRPERSON: Okay, thank you very much. I want to just take this opportunity to thank you for your service here in Ireland and to wish you well. And once again, thank you for participating in today's Inquiry.

DR. GHAZNAIN: Thank you so much. Thank you. 16:30

THE WITNESS WITHDREW

CHAIRPERSON: So at this point I am going to invite

Mr. McGuinness to give the Committee some advice on the evidence that we have just heard, so thank you.

LEGAL ADVICE BY MR. McGUINNESS:

16:30

MR. McGUINNESS: Thank you, Chairman. My advice at present is limited to the evidential aspects of the evidence that the Committee has heard this afternoon, and it has heard obviously viva voce on affirmation from the various doctors, and they have identified that 16:30 they have produced the reports, and the reports have been admitted into evidence as exhibits by consent of the parties, as I understand it.

And my advice is simply limited to the evidential 16:31 issues concerning those reports. They are of course admissible as evidence of the reports that the doctors have made, and they have identified those reports, and in general terms the dates upon which they were signed.

Obviously an issue was raised in relation to the method or mode by which they were composed, and that's an issue, or may not be an issue for the Committee, and the Committee will no doubt hear any submissions in relation to those. 16:31

My advice is limited to the content of the reports, insofar as it retails or relates or encloses or encompasses information given to the doctors. And my

advice to the Committee in relation to that portion of the reports is that anything related to the doctors by a patient is, as far as the product of the report is concerned, hearsay evidence, as far as the Committee is concerned, because the admission of the reports does not make what is related to the doctor evidence of the truth of the contents of what is reported by the doctor. And I think it is illustrated by the evidence of the doctor who gave evidence and was cross-examined about what he had recorded from his patient. 16:32

He admitted, as is the case with all doctors, that they are dependent and necessarily dependent upon the history that they take from their patient, and the recording of the history doesn't prove the truth of the history, and that's the essence of the advice. 16:33

Insofar as it may be relevant to other matters, it is a matter for the Committee to consider whether any of the recorded matters are relevant to the actions of the parties of any particular stage. And that's a matter that there may be submissions on, and I don't want to say anything further at this point, other than to make that simple evidential point that the matters recorded as having been said by the patient to the doctor is not proof of the truth of the contents of any of those matters. 16:33

CHAIRPERSON: Thank you, Mr. McGuinness. Any matter arise or any comment?

MR. McDOWELL: No, thank you.
MS. McNALLY: No.
CHAIRPERSON: Thank you. So we are now at 16:34 on my clock. Can I ask your positions for the rest of today, are you in a position to make submissions in respect of sanction? 16:34
MR. McDOWELL: I am Chair, yes.
CHAIRPERSON: Can I ask how long you think you will need?
MR. McDOWELL: I will certainly be less than half an hour. 16:34
CHAIRPERSON: And Ms. McNally?
MS. McNALLY: I will be very short, but I have to be honest I have to be out of here by half five.
CHAIRPERSON: You have to be out at half five, okay. 16:34
MR. McDOWELL: We will do that.
CHAIRPERSON: Well, then why don't we try and aim for that. Thank you.

CLOSING SUBMISSION BY MR. McDOWELL: 16:34

MR. McDOWELL: Because of Ms. McNally's position I will be as quick as I can, Chair.

So under Section 69, following the conclusion of a report of an Inquiry by the Fitness to Practise Committee, it shall make a report to the Council setting out certain matters, including the nature of the complaint, the evidence presented, findings that 16:34

were found to be proven, undertakings and any other matters that relate to the registered medical practitioner, the subject of the complaint.

I think in the ordinary course, a Committee such as this would usually include with it a recommendation as to sanction, and that's proper, because unlike the Council you have the benefit of being close to the Inquiry and having heard all the evidence, and you necessarily have a fuller understanding of the case than the Council will have when it comes to deliberate on the question of sanction. So, in that sense your recommendation is important. 16:35 16:35

In my submissions I am going to talk briefly about the approach that the Committee ought to take to the question of sanction, and that's by reference to the Medical Council's own sanctions guidance document. 16:35

I am going to discuss the Inquiry and certain aspects of it which I say are relevant to the Committee's decision on sanction. 16:35

And at the conclusion of that, I am going to suggest that when you look at the sanctions guidance documents and the facts of this case and the manner in which the Inquiry has unfolded, the only appropriate sanction that the Committee can recommend to the Council is the cancellation of Witness B's registration. 16:35

So, under Section 71, the types of sanction that are available to the Council are set out. Those are advice, admonishment or censure, a censure in writing and a fine not exceeding €5,000, the attachment of conditions to a practitioner's registration, the transfer of a practitioner's registration to another division, the suspension of the practitioner's registration, cancellation of the practitioner's registration or a prohibition from applying for restoration of registration for a period of time. 16:36

The purpose of sanction is set out in the sanctions guidance document at Section 2, and the Council's primary objective in imposing sanction is to act in the public interests. The public's interest, and that includes protecting the public, promoting and maintaining of public confidence in the profession and the regulatory process. And promoting and upholding professional standards and conduct. 16:36

Sanctions may be imposed by the Council to deter a medical practitioner from carrying out a similar act or omission, again to demonstrate professional standards and conduct expected of medical practitioners, and to demonstrate to the medical practitioner and the profession the seriousness of a matter. 16:37

Although the purpose of imposing sanction is not to punish a practitioner, certain sanctions may

nonetheless have a punitive effect. This does not mean that sanctions should not be imposed if the imposition of the sanction is required to act in the public interest.

And when considering the appropriate sanction to impose, the Council may take into account the wider concern of the reputation of the profession over the interests of the particular medical practitioner.

16:37

The Committee will also be familiar with the concept of proportionality and leniency. So, proportionality requires that any sanction you impose is proportionate to the wrongdoing in the case. And leniency requires that you impose as lenient a sanction as is reasonably 16:37
available to you on the facts of a given case. Sometimes that manifests, that approach manifests itself in what's called the step approach, where you start with the least severe sanction and work your way upwards in terms of severity until you reach the 16:38
sanction which you regard as being appropriate and proportionate to the wrongdoing involved.

Committee members, the Council's sanction guidance document sets out certain mitigating and aggravating 16:38
circumstances, which the Council can have regard in imposing a sanction. Those begin at page 7 of the document, and I am going to draw a couple of those to your attention now and then I am going to return to

them in the course of my submissions later.

And the Committee will appreciate that in many cases, mitigating and aggravating factors are two sides of the same coin. So, the absence of a mitigating factor can be seen as the presence of an aggravating factor and vice versa. 16:38

So some mitigating factors that are set out are the question of insight at 6.1, remediation at 6.2, cooperation at 6.3. And then at 6.8, the issue of references and testimonials is addressed. And you will see at 6.8 it says: 16:38

"When reviewing such information, the Council should consider: 16:39

6.8.1.1 how the author knows the medical practitioner;

6.8.1.2 whether the author is aware of the events leading to the findings made by the FTPC, including the extent of the author's knowledge about the findings and the source of their knowledge;

6.8.1.3 how recently the author has worked with, or has been in contact with, the medical practitioner;

6.8.1.4 the date on which the reference or testimonial was provided or made;

6.8.1.5 whether it specifies the author's contact details, including, as relevant, the author's role/work position and place of employment;

6.8.1.6 whether the reference or testimonial has been

independently verified; and
6.8.1.7 whether there is any conflict of interest."

So just to address the question of the references and testimonials that you have heard today. Some of those factors obviously don't arise because the referees have attended to give evidence under oath in relation to Witness B. 16:39

But the first observation to make is that although they seem to have known Witness B personally, their professional interactions with him have been limited and took place quite a long time ago, and for the most part pre-dated the wrongdoing that has been admitted in this Inquiry. So that's the first point to make. 16:39 16:40

I think that were the circumstances different, I would make a much bigger point about the stark similarities that existed between three of the references and the inconsistent, incomplete and somewhat unsatisfactory explanations that were given to the Committee as to how those similarities arose. 16:40

But I don't actually think that that issue needs to be addressed by the Committee, because a critical factor in determining the weight to be attached to a reference is whether the author is aware of the events leading to the findings made by the FTPC. 16:40

And in this case it is very clear that the authors either knew next to nothing about the allegations, or at best had a very vague idea that the allegations concerned an interpersonal issue between Witness A and Witness B, and perhaps a question of text messages. 16:41

I think of the four witnesses you heard from, three of them were not aware that Witness B had admitted all of the allegations of misconduct against him. And therefore it is clear that really the referees gave 16:41 their references entirely divorced from the context in which they were being asked to do that, and with no idea as to the nature of Witness B's admitted wrongdoing in this case.

16:41

And in those circumstances, I would invite the Committee to attach no weight at all to what they said about Witness B's professionalism, his professional performance, his approach as a doctor and their experience of him, because when they uttered those 16:41 words none of them knew what Witness B had done in this case and the admissions that he had made, and therefore the references really count for very little, if anything.

16:41

Then in relation to aggravating factors at Section 7, you will see at 7.1, a lack of insight is stated to be an aggravating factor, it says:

"A medical practitioner is likely to lack insight where the practitioner refuses to accept their mistakes or apologise, does not provide any evidence of attempts to remediate or only does so immediately before or during the hearing, does not adequately or appropriately engage with the investigation or inquiry process, or does not show the timely development of insight."

Then on page 11, you will see at 7.4:

"Cases requiring more serious action.

7.4.1 There are certain cases which, by their nature, are considered more serious when balanced against the public interest, and therefore may lead the Council to impose a more severe level of sanctions.

"7.4.2 Cases requiring more serious action may contain one or more of the following aggravating factors and are considered in more detail in section 9 below."

And you will see at 7.4.2.3 that sexual misconduct is one of those. And in my respectful submission this case is a case which involves a type of sexual misconduct. 16:42

Then if I could ask the Committee to look at --

MS. McNALLY: I wonder, it is probably a little late to ask for the document to be shared, but I don't seem to

be able to pull it up.
MR. McDOWELL: I am very sorry about that.
CHAIRPERSON: I can give Ms. McNally my copy. I am very familiar with the guidance document.
MS. McNALLY: As long as you don't mind my marking it as I go through it. 16:43
CHAIRPERSON: Please do.
MS. McNALLY: Perfect, it means you may not get it back. Thank you.
CHAIRPERSON: I know you are under time pressure, but obviously there will an opportunity to make more formal submissions to Council based on our recommendation. So I would advise that that document is perhaps the most helpful place to start in making those submissions, because the Council will have reference to that same guidance. 16:43
MR. McDOWELL: Then, Chair, at page 17, under heading 8.6, so this deals with where cancellation of a medical practitioner's registration might be appropriate. It says: 16:43

"Cancellation of a medical practitioner's registration is the most serious sanction that can be imposed. The imposition of this sanction means that the medical practitioner's name will be removed from the register and will not be allowed to work as a medical practitioner in Ireland."

And then at 8.6.2 is sets out certain examples of where

that might be the appropriate sanction. And you will see at 8.6.2.5, that is where there are offences of a sexual nature.

Then at Section 9.3 on page 20, you will see the heading, under the heading "sexual misconduct", it says: 16:44

"Sexual misconduct encompasses a broad range of conduct and may include sexual assault, sexual abuse of children, accessing or possessing child pornography, or pursuing or forming a sexual or inappropriate relationship with a patient or with someone close to them. Sexual assault also includes unnecessary or non-consensual physical examination of patients.

"Sexual misconduct often results in serious and unacceptable harm to a patient or others, and in all circumstances seriously undermines the public's confidence in the profession. It is particularly serious where a medical practitioner has abused their position, particularly where the findings relate to children or vulnerable adults, or where the medical practitioner has been convicted of an offence. Where such factors are present this is more likely to indicate that the medical practitioner's registration should be cancelled, unless there are significant mitigating circumstances which result in a reduction in the severity of the sanction."

So that's all I want to draw to your attention from the guidance document.

I now just want to make some submissions to you about the conduct in this case. So the first thing I wanted to address is the nature and seriousness of the misconduct that I say arises in this case. 16:45

So, the allegations in this case involved a very significant attack on the personal and professional dignity of a young registered medical practitioner at the outset of her career. The evidence disclosed that her autonomy and her privacy were not respected by Witness B. Her personal life was invaded in a very serious way, not only in relation to contact by Witness B towards her, but also towards her friends and colleagues. 16:45 16:45

And the Committee has heard evidence that she was made feel very unsafe for a period of years, and that on her own evidence that is a feeling which persists until this day. 16:45

The second thing about it is that there was undoubtedly a sexual dimension to Witness B's conduct. The evidence clearly established that there was an unrequited attraction on Witness B's part towards Witness A, which ultimately developed into an obsession. There were suggestions of meetings for 16:46

dinner. There were suggestions of marriage. There was no evidence to suggest that Witness A had invited, provoked or otherwise caused any of this conduct or behaviour by Witness B.

And I am going to come back to the time span of the conduct in a moment, but it reached a crescendo in messages sent in July of 2020, which the Committee will recall is over a year after Witness A had complained against Witness B, not only to An Garda Síochána, but to the Medical Council. 16:46

And I just wanted to -- I am not going to bring you to all the messages that Witness B sent to Witness A, but I do want to bring you just to the July 2020 messages, because I say that they are the most egregious messages and the most egregious conduct on Witness B's part. 16:47

So those appear at tab 50 of the Core Book, page 114. And I will just very briefly read what he said in those messages, he said: 16:47

"Witness A please don't block. Contact me or allow me to contact you. Please don't involve Gardaí. I beg you. I will do whatever you say. I am missing you very badly. Please talk to me. I can't do anything. Just give me one chance, I will die without you. Don't be so cruel. Just talk to me. I am in serious stress, I need your support. I love you. I will die without 16:47

you. Don't do that. Simply reactivate your Instagram profile and I will myself correct everything. You don't have to do anything. I am not asking you for any romance, but at least as a human you can give me this favour. If you don't want me to try for you just don't block me, you have enough proof to get me locked. It is up to you what you want. I try to live without you and fail. I don't know about you, I can't live without you in Ireland, so if you don't reply I will leave your country. God bless you. I haven't seen for a while, upload your recent pics and either add me or make it public. Let's go to Spain and get Corona. Please forgive me." 16:47 16:48

Then: 16:48

"Witness A is always right. Pic please. Where is Witness A? You are ruining my life, please do communicate, I want to sort out complaint what you want." 16:48

So in my submission, by demanding access to Witness A's social media profile in that way and by asking her to provide him with photographs, Witness B was involved in a clear objectification of Witness A, which utterly undermined her personal dignity and is made all the worse by the fact that it took place a year after he had been complained to An Garda Síochána and to the Medical Council. 16:48

In terms of the time span of the wrongdoing in this case, it commenced in the first half of 2016 and continued until July 2020, so that's a period of in excess of four years.

Specifically after the events that took place in Mayo University Hospital there was admitted unwanted contact towards Witness A in March/April 2017, in July 2017, in June 2018, in May 2019, in January 2020, and in July 2020. So in no sense could the wrongdoing in this case 16:49 be characterised as being a one-off or an isolated nature, quite the opposite. It was persistent, and it persisted despite multiple efforts on the part of Witness A to bring it to a halt.

So in that respect you have evidence that on 15th April 2016, Witness B was told by staff at Mayo University Hospital not to contact Witness A any more.

You have evidence on 1st April 2017, he was told by 16:49 Witness A by text message not to contact her, that after she had blocked his advanced on WhatsApp.

And on 20th May 2019, Gardaí in Galway told Witness B not to contact Witness A. And it can only have been 16:49 clear from the complaint to the Medical Council on 26th June 2019, that the contact was unwanted. And yet despite all of that, the contact persisted.

The conduct also involved a very significant degree of premeditation, by my count ten different phone numbers are involved. It required effort and the use of technology to obtain and utilise all of these different phone numbers. The purpose of that exercise, which was to circumvent the steps that Witness A had taken not to be contacted by Witness B. And he went as far as to apparently go to Galway, go to the Roisin Dubh pub and wait for her there in the hope or expectation of meeting her. 16:50

As I said, the contact wasn't confined to contact towards Witness A, there was also contact towards Claire Cullen on 1st April 2017, and contact towards Shane Russell in January 2020, after the complaint was made. 16:50

You might recall that it was suggested in cross-examination of Witness A that the purpose of the contact towards Shane Russell was because Witness B's landlord was also called Shane, and that's how that arose. But we now know because of the admissions made that it was a false proposition that was put up to Witness A in cross-examination, and that the purpose of the contact to Dr. Russell in January 2020 was obliquely to contact, or indirectly to contact Witness A. 16:51

I now want to just say something about the manner in

which Witness B approached the fitness to practise process. So, you will recall that a mitigating factor in the sanctions guidance document is, and I quote:

"Evidence that the medical practitioner has actively engaged and cooperated with the Council and its Committees from the outset of the regulatory investigation process." 16:51

And in my respectful submission, here you have precisely the opposite course of conduct, and that I say should amount to an aggravating factor in the Committee's analysis. So, the chronology of events is as follows: 16:51

16:52

Witness A made her complaint on 26th June 2019. And on 19th August 2019, so just short of two months later, Witness B then made, I think what can only be regarded as a retaliatory complaint against Witness A to the Medical Council, which was withdrawn less than a month later on 17th September 2019. 16:52

And in my respectful submission, in light of the admissions that have now been made, the Committee should regard the making of that complaint against Witness A as an abuse of process on the part of Witness B. 16:52

You will recall that there were lengthy delays in

having the matter fixed for hearing, including multiple adjournment applications on the part of Witness B. And I accept absolutely that Witness B's adjournment applications were not the sole reason for the delay in the matter coming on for hearing, but in my respectful submission they were the principal reason in the matter firstly being delayed in coming on for hearing. And then secondly for the matter taking so long -- for the Inquiry taking so long to conclude having opened. 16:52

16:53

There were further adjournment applications during the Inquiry, various sets of lawyers were retained and discharged, and that provided the context for further adjournment applications.

There was even an application, as I said earlier, in July 2024, for the matter to be heard in private to preserve Witness B's presumption of innocence. And now of course he accepts all of the wrongdoing alleged against him, which calls into question the bona fides of the application for the matter to be heard in private last July. 16:53

You will recall a lengthy row last October, on 11th October, about the sequence of cross-examinations owing to the availability of certain witnesses. 16:53

You will then recall an application for this Committee to recuse itself on the grounds of bias because of

information it had heard about Witness B's conduct outside of the parameters of this Inquiry.

In terms of the evidence that was required to be presented, because Witness B put the CEO to full proof of all of the allegations, that necessitated the calling of evidence from two members of An Garda Síochána, staff members from the RCSI and the RCPI, a staff member from the Medical Council, two members of staff at Mayo University Hospital, being Dr. Lee and Ms. Kelly, as well as Dr. Shane Russell, who had to give evidence from Canada, Dr. Claire Cullen, who made herself available for evidence on a number of occasions, and of course Witness A herself. 16:53 16:54

Many of the witnesses that gave evidence on the CEO's behalf were cross-examined vigorously as to their accounts, including Witness A and Dr. Cullen, whose credibility was challenged before the Committee.

And then it was only at the eleventh hour, as the time came for Witness B to go into evidence, that he elected instead to accept all of the allegations against him.

And none of what I said there should be taken as meaning that a person accused of wrongdoing is not entitled to fully defend themselves and to cross-examination witnesses as vigorously as they wish. But that being said, the Committee is entitled where -- 16:54

when it comes to the question of sanction, a Committee is entitled to take into account the taking of that course of action by a Registrant, who then presumably will seek to rely on questions of an apology and insight and so on, to seek to mitigate the sanction that the Committee ultimately recommends to the Council.

16:55

You will recall that Ms. McNally on behalf of Witness B delivered an apology on 13th February 2025 to, I think that was the date, but I am open to correction, to Witness A. And I do think it is important given that this is a complaint made by Witness A about events concerning her, that something is said about the impact of Witness B's wrongdoing of her -- on her, excuse me.

16:55

16:55

So, she gave evidence last April, I think, where she, I think, laid bare to the Committee the distress and anguish that Witness B's wrongdoing had caused to her, the worry, the stress and the impact that it had on her professional career.

16:56

You will recall that she also provided the Committee with a letter at the opening of the Inquiry in an efforts to persuade the Committee not to adjourn the matter any further, and that again set out in some detail how profound an effect all of this had had on her, and continues to have on her.

16:56

It should be recalled that, and again this is not -- the wrongdoing is the wrongdoing, as set out in the allegations, but when it comes to questions of insight, contrition and so on, it should be recalled that since 2021, Witness B has complained about Witness A to the Medical Council, An Garda Síochána and the WRC -- sorry, excuse me, since 2019, he has complained to the Medical Council, An Garda Síochána and the WRC. 16:56

He has sought to make her life, I respectfully submit, as difficult as possible in taking that course of action. And I just want to say something to you, Committee members, about the manner in which Witness A was cross-examined when she came to give her evidence, and this cross-examination I think needs to be seen in the context of the admissions that have since been made. 16:56 16:57

So, Witness A was cross-examined by counsel on behalf of, not Ms. McNally, but counsel on behalf of Witness B on Day 3 of the Inquiry. And I just want to draw to your attention certain extracts from the transcript of that day. 16:57

So you will recall that there were some text messages that Witness A referred to in her evidence which she no longer had copies of and which weren't before the Committee because she lost her phone. And it was put to her that those messages were, and I quote now from 16:57

line 24 on page 35, this is Witness B's counsel. This is what he said:

"He would say that that was an attempt at failed sarcasm, that you were let us say squabbling, as it were, over this and that, and that it was merely a kind of expression of frustration on the basis that, you know, 'shall we get married'. Such were the arguments that were going on between you."

16:58

At page 41, the following sequence of questions and answers took place:

"Q: Don't take this offensively, but are you hard to deal with? 16:58
A: I don't know how to answer that, I don't believe I am, I don't think anyone has ever told me that.
Q: Your friend Claire Cullen in her statement to the Medical Council says at paragraph 8 that you are a very straightforward and blunt person. What do you think 16:58
that means?
A: I am honest and I don't, you know, I don't create elaborate stories or I don't, I just get to the point.
Q: But in respect of elaborate stories, towards the end of your evidence on Day 2 you spoke of, you gave 16:58
evidence regarding the messages that came in to you to your older phone in 2020 and 2021, isn't that correct?
A: Yeah.
Q: And some of the concerns you expressed were fairly

elaborate in terms of kidnapping and taken to another country."

So that was the suggestion made by counsel on Witness B's behalf. 16:59

At page 43, she was asked:

"Q: Do you think that you exaggerated the threat from Witness B from the get-go?" 16:59

At page 46, it was suggested that the text message from 1st April 2017, that was sent by Witness A to Witness B wasn't in fact sent. And that proposition is now no longer being stood over. 16:59

Just bear with me, you will recall, as I said earlier, that it was suggested to Witness A that the contact with Shane Russell was all a mistake. That's no longer being -- that line is no longer being pursued. 17:00

It was suggested at page 62, line 99, that -- or sorry, question 99, that Witness A had catastrophized this incident. 17:00

And at page 71, the following question was put to her:

"Q: Is it fair to characterise your reaction to this as catastrophizing on stilts?"

And on page 72, she was asked:

"Q: Do you think you can reasonably be accused of creating a mountain out of a molehill. There were difficulties of interpersonal relations, even working relations, whatever it was, but you allowed them to get out of control. Is that fair?"

So if the Committee hears a submission to the effect that Witness B has in some way demonstrated some insight or contrition, the Committee should bear in mind that that was the line of approach that was taken to Witness A when she gave her evidence. 17:00

And in my respectful submission, Witness B should expect no sympathy whatsoever from the Committee, or any bonus of any substantial nature for having admitted the conduct complained of after having had Witness A cross-examined in that way. 17:01

And in truth the cross-examination of Witness A was just another episode in a lengthy and intense campaign of harassment of her by Witness B, which continued long after she made complaints about him to the Medical Council and to the Gardaí. 17:01

And in light of all of that, I say that the Committee should attach very little weight to the very belated apology that was offered at the conclusion of the Chief

Executive's presentation of the evidence.

And really apart from that apology, you have very little evidence before you at all to suggest any insight on the part of Witness B into the extent or seriousness of his wrongdoing or its effect on Witness A, and in fact the evidence points in the opposite direction. You also have no evidence at all of any remediation being taken by Witness B in light of these events. 17:01 17:02

I do also want to touch briefly on the question of CPD, so that is undoubtedly a less, or perhaps not undoubtedly, but I think it is probably a less serious issue than the issues related to Witness A. But it still stands as a very significant falling short on Witness B's part, in that he failed to undertake CPD required of him by law for five separate periods. 17:02

And I think that is something to which you should have regard to, because it might be stated that Witness B's infatuation with Witness A was somehow a confined episode, or that it has been suggested to you in the referrals that he is a very fine doctor with an excellent practice and that no issues arise. But it doesn't seem that any of the doctors who gave evidence today, or the referees, had any idea that Witness B hadn't complied with his CPD for five separate periods. And again you have heard nothing by way of contrition, 17:02 17:02

insight or remediation into that issue. You have only a belated admission on the part of Witness B. And in fact the Chief Executive was put to the trouble of having to call witnesses from the various professional bodies in order to prove that this falling short had in fact taken place. 17:03

So in light of all of that, the question arises as to why cancellation is the appropriate sanction in this case, and I go back to the three purposes of sanction that are set out in the sanction guidance document. 17:03

So the first is protection of the public. The CEO's position is that nothing less than cancellation will adequately protect the public. It is not feasible for a person who is engaged in such egregious conduct over such a lengthy period to be permitted to continue as a registered medical practitioner. And that is particularly so when there has been so little by way of genuine insight or contrition on his part. 17:03

The second purpose of sanction is to uphold public confidence in the profession. The CEO's position is that to allow Witness B to continue as a registered medical practitioner would significantly erode public confidence in the profession. It would send entirely the wrong message to the public if a doctor found guilty of the misconduct alleged in this case would be permitted to continue as a registered medical practitioner. 17:04

And then finally, the question of promoting professional standards and conduct. Again it would send the wrong signal to the profession if this wrongdoing was seen to be tolerated in any way. And I say that the only way that the Council can send the correct message to the profession as regards standards and conduct is to cancel Witness B's registration.

17:04

In relation to the issues of leniency and proportionality, in my respectful submission the sanction of cancellation would in the circumstances of this case be proportionate to the wrongdoing which occurred, and that there isn't a more lenient sanction available to the Council or to the Committee which would properly reflect Witness B's wrongdoing.

17:04

So for all of those reasons, Chair, in my submission, while it is ultimately a matter for the Committee, the appropriate recommendation to make is a recommendation to cancel Witness B's registration under Section 71 of the 2007 Act.

17:05

I should also say, Chair, that I think the Committee should at some stage deal with the question of the ongoing anonymity order. And I suppose while I am not formally making an application to lift that, I think the Committee should have regard to the default position that hearings take place in public, and that

17:05

the justification for Witness B's anonymisation has fallen away.

And sorry, but for the avoidance of any doubt, I am not suggesting that the anonymisation of Witness A would be varied or that the Committee should decide to name her. So subject to any questions you have, Committee members, those are my submissions. 17:05

CHAIRPERSON: Thank you very much, Mr. McDowell, those are very clear. Ms. McNally, we have something like 25 minutes. 17:06

MS. McNALLY: And counting.

CHAIRPERSON: But please take as much time as you need, and if we need to continue on another day we can do that. Mr. McDowell, can I just get you to mute. Thank you.

CLOSING SUBMISSION BY MS. McNALLY:

MS. McNALLY: So I would submit to the Committee that the very first starting point, particularly considering what I would submit is the very heavy hammer being used in respect of the nut in this case, where one has to look at the equivalent of the charges that have been brought against the doctor. And they are, if you look at no. 1 in the Notice of Inquiry, and I am sorry, but I am going to go through them one by one, it is that: 17:06 17:06

"On one or more occasions during the period between in

or around June 2016 and in or around July 2016, attempted to make contact and/or contacted and/or attempted to approach and/or approached Witness A in circumstances where you knew or ought to have known that:

i. This was inappropriate and/or this was not in connection with your employment; and/or

ii. This was unwanted and/or uninvited, and/or that on or around 15 April 2016, you had been requested by one or more members of staff and/or the Medical Manpower Manager at Mayo University Hospital ('the Hospital') not to contact and/or approach Witness A."

Then no. 2:

"Notwithstanding one or more request(s) made by one or more members of staff and/or the Medical Manpower Manager at the Hospital on or around 15 April 2016 not to contact and/or approach Witness A, on one or more occasions during the period between in or around 31 March 2017 and in or around 1 April 2017, you sent one or more text messages and/or Whatsapp messages and/or made one or more phone calls to Witness A, in circumstances where you knew or ought to have known this was inappropriate and/or unwanted; and/or

3. Notwithstanding one or more request(s) made by one

or more members of staff and/or the Medical Manpower Manager at the Hospital on or around 15 April 2016 not to contact and/or approach Witness A and/or a request(s) made by Witness A on or around 1 April 2017 not to contact her, on one or more occasions during the period between in or around 7 July 2017 and in or around 20 May 2019, you sent one or more text messages and/or Whatsapp messages and/or made one or more phone calls to Witness A, in circumstances where you knew or ought to have known it was inappropriate and/or unwanted; and/or

4. Notwithstanding one or more request(s) made by one or more members of staff and/or the Medical Manpower Manager at the Hospital on or around 15 April 2016 not to contact and/or approach Witness A and/or a request(s) made by Witness A on or around 1 April 2017 not to contact her, on one or more occasions during the period between in or around 18 May 2019 and in or around 20 May 2019, you sought to meet Witness A, in circumstances where you knew or ought to have known it was inappropriate and/or unwanted; and/or

"Notwithstanding one or more request(s) made by one or more members of staff and/or the Medical Manpower Manager at the Hospital on or around 15 April 2016 not to contact and/or approach Witness A and/or a request(s) made by Witness A on or around 1 April 2017

not to contact her and/or a request made by Witness A and/or An Garda Síochána on or around 20 May 2019 not to contact Witness A, on one or more occasions during the period between 21 May 2019 and 19 July 2020, you sent one or more text messages and/or Whatsapp messages and/or made one or more phone calls to Witness A in circumstances where you knew or ought to have known it was inappropriate and/or unwanted; and/or

6. On or around 1 April 2017, sent one or more text messages and/or Whatsapp messages to Dr. Claire Cullen for the purposes of trying to establish contact with Witness A, in circumstances where you knew or ought to have known it was inappropriate and/or unwanted; and/or

7. On or around 22 January 2020, sent one or more text messages and/or Whatsapp messages to Mr. Shane Russell for the purposes of trying to establish contact with Witness A, in circumstances where you knew or ought to have known it was inappropriate and/or unwanted."

And then no. 8 is in respect of the CPD points. And the reason I say that this is a sledgehammer being used in respect of the nut is where the CEO, who should be 17:09
put to the pin of his collar in order to bring a case properly and appropriately before the Committee, has jumped to paragraph 7.4.2.3, sexual misconduct, and suggesting that numbers 1 to 7 encapsulate that.

The words "sexual misconduct" are not in any way visible in respect of the charges to which Witness B has held up his hands, belatedly or otherwise. But the words "sexual conduct" does not appear anywhere in the charges. And I submit that it is a huge leap, not one of faith, but a huge leap that is inappropriate on the part of the CEO to jump to sexual misconduct, considering its own definitions in respect thereof. 17:10

And if we jump to the definition, just bear with me, the page is page 20, so sexual misconduct is described as follows:

"Sexual misconduct encompass a broad range of conduct and may include sexual assault, sexual abuse of children, accessing or possessing child pornography, or pursuing or forming a sexual or inappropriate relationship with a patient or with someone close to them. Sexual assault also includes unnecessary or non consensual physical examination of patients." 17:10 17:10

Paragraph 9.3.2:

"Sexual misconduct often results in serious and unacceptable harm to a patient or others, and in all the circumstances seriously undermines the public's confidence in the profession. It is particularly serious where a medical practitioner has abused their 17:11

position, particularly where the findings relate to children or vulnerable adults or where the medical practitioner has been convicted of an offence. Where such factors are present, this is more likely to indicate that the medical practitioner's registration should be cancelled unless there are significant mitigating circumstances which result in a reduction of the severity of the sanction."

17:11

Now, I am sorry, perhaps I have missed the medical report that was led in respect of Witness A that suggested that somehow she was vulnerable, or perhaps I have missed something that suggested that there was a sexual assault perpetrated upon her. But it is certainly not in the brief that I have.

17:11

And to jump, to jump from the wording, and I am presuming it was carefully worded, the wording of the charges that are proffered before this Committee, that time and energy and consideration went into the wording of it. But in respect of those charges, and I use that word because I think it is appropriate considering the approach of the CEO; numbers 1 to 7, there is no mention of that phrase "sexual misconduct" nor is there use of the word "sexual" in any of those charges to which Witness B has held up his hands. And I am sorry, but to jump automatically to paragraph 7.4.2.3 suggesting that sexual misconduct has occurred and that therefore cancellation should occur, is, I submit,

17:12

17:12

egregious behaviour on the part of the CEO when asking the Committee to make its decision.

As I say, perhaps I have missed it, perhaps there is a medical report that suggests that there was some kind of sexual assault or that Witness A is vulnerable, but I certainly haven't seen it. And if there is and it is already before the Committee, then obviously I will be looking for a copy of that for later purposes. But it is certainly not within the brief that I have. And as I say, it is a sledgehammer to a nut. 17:12

The CEO, as I say, should be presenting all of the relevant evidence, etc., and regarding the approach to the sanctions, you have heard evidence from a treating doctor, just let me get my names here correctly, the doctor in Kerachi, Dr. Yusuf Baig, who has been treating him together with references from three other doctors who have known him. And in respect of the findings, I would submit that in respect of the three doctors outside of the doctor who furnished the medical report, the three were furnishing character references in respect of Witness B and certainly no approaches were made. The phrase was used once and I let it slide, his lawyers. I can assure you his lawyers made no contact whatsoever with those referees or with the person providing the medical report in that a straightforward character reference in respect of Witness B was what was simply sought and it was 17:13 17:13

generated by those persons themselves with zero input I can assure you from counsel and zero input from the solicitors of Witness B.

So those references are as they stand and when you consider the medical report of Dr. Yusuf, Dr. Yusuf's report has to be considered against the personal issues that were being suffered by Witness B at the time. And personal and professional issues, paragraph 6.7, it is at page 8: 17:14

"A medical practitioner may present evidence of personal or professional issues as mitigation, including for example, work-related stress. The Council in considering these matters should seek information as to whether the issues have been resolved, and the extent to which the professional or personal matters are connected with the findings made by the FTPC. Personal circumstances which are completely unconnected with the findings of the FTPC should not substantially go to mitigation."

I am not aware of Witness B despite us indicating and providing the three references on the last occasion, I am not aware of his being assessed in any way by any medical practitioner in respect of his personal medical circumstances like an ordinary medical report for example in a personal injuries action, but I am not aware of any assessment of Witness B or any request 17:15

being made as to access the prescription medications he has required or has been prescribed since 2016. I am not aware of that.

But I would submit -- I am sorry, there's awful whispering going on, I'm sorry. Sorry, I just find it a little off-putting. Where was I? Yes, as I was saying -- 17:15

CHAIRPERSON: You were referencing the absence of prescriptions. 17:15

MS. McNALLY: In the absence of any investigation being made by the CEO into these particular circumstances, I submit that the personal and professional issues as are referred to not only in the character references but also the medical report should be taken into consideration by the Committee when addressing the fact that Witness B has held up his hands. 17:16

In respect of insight, insight whether it be belated or not, that insight has in fact occurred. 17:16

And remediation, I am not certain as to what type of remediation programme would be considered for a person who up until 2020 was using WhatsApps, etc., and that behaviour has ceased unless there is some kind of programme available as to how not to use WhatsApp. 17:16

But I would ask the Committee to consider the fact that he has been in receipt of medical advice, has been in

receipt of medical treatment, he has received both psychiatric and treatment from the GP and he is on medication and will be on lifelong medication, and the phraseology used by Dr. Yusuf was that he would require it life-long and as long as he stays on the medication which he requires, it seems to be fully under control, that medical condition. 17:16

And Dr. Devins asked questions as to whether or not he was paranoid, and the evidence from the GP, Dr. Yusuf, who also works in intensive medication in Kerachi was that no, he was not paranoid and he was not delusional. 17:17

He has held up his hands. Has it been dishonest of him to wait until this Day 6 of the evidence before he held up his hands? But also you have to take into consideration that he was going through the stressors as were described by Dr. Yusuf at the time and that each time this matter came up for hearing, it did cause issues regarding stress and that that is a mitigating circumstance as well. 17:17 17:17

So other issues that I would ask you to take into consideration regarding the mitigation is the fact that there has been insight whether it be belated or not; is to take into consideration his medical presentation, the evidence of which is in the report of Dr. Yusuf; the fact that he has been on medication and is on medication and that it has been under control; there is 17:17

no complaint in respect of behaviour against him for the use of text messages or WhatsApps since 2020, July; the fact that there is adherence to principles of good practice.

You have heard from the three referees that in their opinion he has been, I use the word exemplary, an exemplary medical practitioner. Their words were that he was a highly trusted healthcare professional, people who had complete confidence in him amongst his peers. 17:18
He did community work. They were happy to vouch for his capacity as a doctor. High-quality medical care. He was empathetic in his approach to patients. He was approachable, respectful and supportive. All of that is in the three references but also you must take into 17:18
consideration the evidence that is in the medical report of Dr. Yusuf.

The circumstances surrounding events, that is something that was also touched upon by Dr. Yusuf which may have 17:18
arisen at its commencement by reason of a misunderstanding, possibly by reason of misunderstanding of cultures and I think that that was actually mentioned by one of the doctors, I am sorry but their name escapes me, on the very first day. I 17:19
believe it was Mr. Lee referred to difference of cultures, and I am open to correction on whether it was he or not, a misinterpretation, they being from different cultures and different backgrounds.

But there has been no evidence of sexual misconduct whatsoever. So I submit that there is no justification for the Committee to consider sexual misconduct as an issue before it. There is no criminal conviction. 17:19
That is another of the issues, the list of aggravating factors. The lack of insight, I submit that he does have insight. The fact that he went looking for medical intervention and has sought and continues with that medical intervention I would submit is an element 17:19
of insight. There has been no previous finding against him. There is no criminal conviction against him and also there has not been any of this sexual misconduct. There is no evidence or suggestion of there being drug or alcohol abuse or disorder, no prior breaches of 17:20
conditions or undertakings.

The abuse of the professional position, if one considers not attending CPD to be that, then so be it but I would submit that even if it were, if one was to 17:20
lack at it as a pendulum, that is very much on the lower end of the scale.

And as for dishonesty, it is not a case of dishonesty from Witness B's perspective, it is a case of 17:20
misunderstanding and also a case of his not understanding that there was a difference in cultures, his also suffering under the medical depressive psychosis as was diagnosed by Dr. Yusuf and also his

suffering from depression at the time.

And even the referee Dr. Ghaznain referred to the fact that he felt that there were medical issues with him back in 2016 when Witness B's friend married and he was 17:20
suddenly on his own. There was referenced by the other referees that he was on his own and Dr. Ghaznain specifically mentioned that he felt it wasn't good for his mental health to be living on his own in the countryside and suggested that he moved to a town. In 17:21
other words there was isolation and I believe that was also one of the words that he used in respect of Witness B.

Regarding the list of other factors that I would ask 17:21
you to take into consideration is the fact that his circumstances have changed. There has been no recurrence since the July I believe it was of 2020. He continues with his medication. He sits in abeyance waiting to see what will happen with his courses in 17:21
respect of the becoming a GP because whilst this hangs over him, he cannot progress his medical career. He cannot go forward. There is nothing more he can do, he has to await the outcome of this. And, yes, it has held over him by a Sword of Damocles and, yes, to a 17:22
degree he has been the author of his own misfortune in respect of the longevity of time during which that Sword of Damocles has hung over him but he has held up his hands, he has sought medical intervention, there

has been no criminal conviction, there has been no recurrence. There were no previous convictions prior to this situation arising with Dr. A and there certainly was no sexual misconduct.

17:22

He has made his apology through me to the Committee. He is happy to undergo whatever courses might be available. He is happy to undergo whatever CPD might be available. He was a hard-working, dedicated and empathetic doctor. He would like to continue and 17:22 proceed in that particular profession and to continue if possible to becoming a qualified GP.

As I said to you previously, he is now married. His wife works in the area of gynaecology, she is not a 17:22 fully qualified gynaecologist as yet. There was talk of his and she emigrating to Australia. That was even mentioned by I think it was Dr. Ghaznain today who mentioned that as well, although it may have been one of the other referees, but there is talk and has been 17:23 talk previously of his emigrating abroad, something that has been always part of his hope and plan for himself.

But I would ask you to take into consideration these 17:23 factors that should mitigate against the sledgehammer approach to the nut where he has apologised, he has held up his hands, he was suffering under depressive psychosis, he was suffering from depression, he is on

medication and takes his medication, there is no criminal conviction and, as I say, there is certainly no sexual misconduct or reports, Gardaí reports or any kind of report or medical report in respect of that. Nor have I seen any medical report to suggest that Witness A is a vulnerable individual or a vulnerable person. I haven't seen any medical report to suggest that she in any way suffered psychiatrically in respect of the misconduct to which he has held up his hands. And I would ask you to look to the wording of the charges themselves because that is what he has held up his hands to is the charges that have been levelled against him no. 1 to 8. 17:23 17:24

And regarding the CPD, he holds up his hands. He maintained that there was a difference between how CPD was registered at one stage and then thereafter he just fell between the cracks in respect of that but he is willing to undertake whatever courses are prescribed, whatever courses are necessary in order to ensure that he is fully professionally proficient medically and up to date with what is going on medically. 17:24 17:24

To this date he works as a locum working some 20/30 hours a week. He is still in the medical sphere and the medical field. As I say, no complaints for the last almost five years, we are now in 2025, the end of the April of the 2025. I would ask the Committee to take all that into consideration and also to take into 17:24

consideration the years of hard work that went into the formulation or the moulding of Witness B becoming to the particular professional standard he had achieved prior to his engaging in this conduct to which he has held up his hands. 17:25

If you need me to say any more, I would be happy to think about it.

CHAIRPERSON: Thank you, Ms. McNally. As I said to you, both parties will have an opportunity when this -- 17:25 when our report and recommendation goes to Council, there will be an opportunity afforded to both of you to make further submissions if you feel that you have been unduly constrained here today.

MR. McDOWELL: Chair, just before you continue, I 17:25 wonder could I just respond. I just want to make three very brief points in response but I am conscious of the time pressure.

MS. McNALLY: Is it allowed under the procedures?

MR. McDOWELL: I think ordinarily I am afforded a 17:25 response.

MS. McNALLY: We are not in a court of law. I am just asking. I haven't seen any practice and procedure to the Council.

17:26

LEGAL ADVICE BY MR. McGUINNESS:

MR. McGUINNESS: My advice to the Committee is that it is allowed because there are points being made in the

entirety of the submission on behalf of the Registrant which have never been heard before and a right of reply is customarily always given.

REPLYING SUBMISSION BY MR. McDOWELL:

MR. McDOWELL: I will be very, very brief. So the first thing is just in relation to the question of whether this amounts to sexual misconduct, obviously the words "sexual misconduct" don't appear in the allegations that have been admitted but it is -- but that is not remotely surprising, and sexual misconduct is not a legal term that appears in the Act for example and it is for the Committee to decide whether it regards this as being a case that involves sexual misconduct. In my respectful submission there is only one answer to that question. It is blindingly obvious that this is a case of sexual misconduct. And even if one looks at the definition provided in the sanctions document, which a non-exhaustive list and is stated to encompass a broad range of conduct that may include certain things, but one of the things that it may include is:

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"...pursuing or forming a sexual or inappropriate relationship with a patient or with someone close to them."

So that is precisely what Witness B attempted here. So

I struggle to see how this could be seen anything as other than a sexual misconduct case.

The second thing just to say is that, and maybe I misunderstood Ms. McNally, if it is being suggested that the CEO ought to have arranged a medical examination of Witness B, I reject that submission and I think the Committee should be very zealous in making sure that this does not become a relevant medical disability case by the back door. This is a case of professional misconduct. Obviously Witness B's personal circumstances at the time of the misconduct may be relevant but it is not a case where because of some medical condition, that there is any lowered culpability on his part and I suppose that's all I say about that. 17:27

Then the third thing just say is on an evidential point I think the Committee should be reluctant to allow for example the testimony of Dr. Baig to be considered first-hand evidence of what Witness B might say were the circumstances that existed at the time of the wrongdoing. You didn't hear from Witness B. He didn't explain why he did what he did and it is in fact clear from the evidence that Dr. Baig had a very fundamental misunderstanding of what had taken place in Ireland and you should therefore not allow Dr. Baig's testimony to act as a substitute for first-hand testimony from Witness B. He has opted not to go into evidence, 17:28

that's his right but that has certain consequences for him.

CHAIRPERSON: Thank you, Mr. McDowell. I know you are under a time pressure.

REPLYING SUBMISSION BY MS. McNALLY:

MS. McNALLY: I do have a comment particularly in respect of paragraph 9.3.1. Perhaps it is a matter of misinterpretation but I doubt it. The wording is: 17:28

"Sexual misconduct encompasses a broad range of conduct and may include sexual assault, sexual abuse of children, accessing or possessing child pornography, or pursuing or forming a sexual or inappropriate relationship with a patient or with someone close to them."

"With someone close to them" is reference to the patient. 17:29

MR. McDOWELL: I don't accept that but it is a matter for the Committee.

MS. McNALLY: Perhaps we are going to have to have some kind of further steps elsewhere to determine precisely what that means but the CEO is interpreting it in a particular way, again the sledgehammer approach. 17:29

CHAIRPERSON: I understand. I am happy to return to this on our next day because I think we are going to have to reconvene on another day because the Committee

will have to hear from Mr. McGuinness, his advice to the Committee on the issue of sanctioning before we make our recommendations.

I am conscious this is a public Inquiry and we haven't formally read our findings into the public record. I know admissions were made but we will need to reconvene anyway to do that, to read those formally into the public record. 17:29

17:30

Can I just ask you, Ms. McNally, the issue of -- sorry, there was one point I wanted to say. The suggestion that there was any inappropriate behaviour by your team or your lawyers, I don't think the Committee needs to trouble itself with that. So you can be reassured we are not -- 17:30

MS. McNALLY: The suggestion was always the solicitor and then on the last occasion the suggestion was the lawyers plural.

CHAIRPERSON: Sure. Happy to discount that suggestion in any way and completely exonerate your team. 17:30

MR. McDOWELL: And in fairness I only asked the question, I didn't suggest --

CHAIRPERSON: No, that's accepted as well. But I just wanted to address the point of anonymisation which Mr. McDowell says falls away on the basis of these admissions that have been made. Do you have a view on that? 17:30

MS. McNALLY: Sorry, I missed the start of it.

CHAIRPERSON: The issue of anonymisation?

SUBMISSION BY MS. McNALLY:

MS. McNALLY: The harm was already done at the very start where there was no anonymity sought in respect of Witness B in that my very first dealings was just a simple Google and it's everywhere. So I am in the Committee's hands, the damage was already done. 17:30

CHAIRPERSON: Okay. So maybe it is something you might come back to on the next day when we reconvene. I am keen that I don't want to in any way be unfair to your client and that's why to date I have always tried to refer to him as the Registrant or Witness B. 17:31

MS. McNALLY: Yes.

CHAIRPERSON: Because we made a determination. We will go back and look at the rationale behind that determination and we might include in our report to Council our recommendations because that is material obviously to the issue of publication of sanction. But what I want to do is we will need to reconvene on another day. We want to hear advice from Mr. McGuinness and consider the submissions you have both made. I will give both parties another opportunity if there is anything further you want to say because I don't want you to be in any way trammelled in your presentations but thank you for your submissions to date. Any matter arise that needs urgent attention before I adjourn? 17:31 17:31

MS. McNALLY: Other than when were you thinking reconvening?
CHAIRPERSON: As soon as possible. I am conscious that Witness A is on line here today and I hadn't addressed Witness A. I have thanked various people for their attendance. I want to just take this opportunity to thank you Witness A for her attendance. I understand this has been a long drawn-out process. It is my intention to bring this matter to a conclusion as quickly as possible and if I offer any reassurance to Witness A, this matter is slowly progressing to a definitive conclusion which I hope will happen very soon. 17:32 17:32

So I think what I might do is ask the Executive staff to liaise with both counsels. Our Committee will make themselves available. I suggest we probably convene online as the easiest way to get all parties together if that's acceptable to you both, is it? 17:32

MR. McDOWELL: Early morning some day.
DR. DAVIN-POWER: That's acceptable to me.
CHAIRPERSON: Just for my Committee colleagues, the counsels are just consulting for a moment.
MS. McNALLY: Sorry, apologies.
MR. McDOWELL: We might come back with some dates but maybe a 9 o'clock start some day next week if that suited everybody? 17:33

CHAIRPERSON: We will check our availability, you can

check yours as well and leave your availability for the next two weeks. I suggest we will get a slot.

MS. McNALLY: I am not available from the 3rd May until the end of May between being abroad and then Sligo High Court. 17:33

CHAIRPERSON: Okay. Can I just get you to give your availability to Ms. Horan and we will make ourselves available at the earliest opportunity. I will check with the Committee here as well.

MS. McNALLY: I am much obliged. I am sorry about my diary. 17:33

CHAIRPERSON: That's fine. I thank you very much for your attention today and I think we will now adjourn for this evening and we will resume at the earliest opportunity. So thank you. 17:33

MS. McNALLY: Thank you very much.

LEGAL ADVICE BY MR. McGUINNESS:

MR. McGUINNESS: Might I just give advice to the Committee at this stage, as is customary on my part. The Committee, whilst it has heard all the evidence in the matter, and has heard certain submissions in the matter also, but it has not yet received any legal advice from me as legal assessor. 17:33 17:34

And in the circumstances, it would therefore be inappropriate for the Committee to enter into any discussion on any issue connected to its function,

either fact-finding or issues concerning that, or indeed of course the issue of any appropriate sanction that it might consider recommending, because any advice I give must be given in the presence of the parties, who have the right to offer a view on the advice, whether it is agreed with or disagreed with to any extent. Thank you. 17:34

MR. McDOWELL: Thank you.

CHAIRPERSON: And if I might impose upon you for one more minutes, you have reminded me, Mr. McGuinness, there was some evidence led to the Committee in respect of social media contacts, the via street, those don't form part of the allegations or the admissions, so you might the next day address the significance or otherwise of that evidence that has been led to us. And perhaps, Ms. McNally, whether your client is admitting to that conduct as was suggested or not. But thank you, and we will now adjourn for this evening. 17:35

MS. McNALLY: Much obliged.

CHAIRPERSON: Thank you. 17:35

THE HEARING WAS ADJOURNED TO A DATE TO BE DECIDED

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