



Teaching
Regulation
Agency

Dr Zara Merali: Professional conduct panel outcome

**Panel decision and reasons on behalf of the
Secretary of State for Education**

September 2022

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Professional conduct panel decision and recommendations, and decision on behalf of the Secretary of State

Teacher:	Dr Zara Merali
Teacher ref number:	1557560
Teacher date of birth:	28 December 1970
TRA reference:	18554
Date of determination:	13 September 2022
Former employer:	Steps Teachers Ltd

Introduction

A professional conduct panel ('the panel') of the Teaching Regulation Agency ('the TRA') convened on 12 to 13 September 2022 by way of a virtual hearing, to consider the case of Dr Zara Merali.

The panel members were Mrs Valerie Purnell-Simpson (lay panellist – in the chair), Mr Peter Ward (lay panellist) and Mrs Christine Cunniffe (teacher panellist).

The legal adviser to the panel was Mr Sam Haldane of Birketts LLP solicitors.

The presenting officer for the TRA was Mr Andrew Cullen of Browne Jacobson solicitors.

Dr Merali was not present and was not represented

The hearing took place by way of a virtual hearing in public and was recorded.

Allegations

The panel considered the allegations set out in the notice of proceedings dated 13 July 2022.

It was alleged that Dr Merali was guilty of unacceptable professional conduct and/or conduct that may bring the profession into disrepute, in that whilst employed as a supply teacher via Steps Teachers Ltd:

1. At Acle Academy ('Academy 1') in March 2019 on one or more occasions:
 - a) She brought alcohol on to school premises;
 - b) She consumed alcohol prior to and/or during teaching hours; and
 - c) As a result of 1(b) or in any event, she was inappropriately inebriated during teaching hours.
2. At Attleborough Academy ('Academy 2') in May 2019 on one or more occasions:
 - a) She brought alcohol on to school premises;
 - b) She consumed alcohol prior to and/or during teaching hours; and
 - c) As a result of 2(b) or in any event, she was inappropriately inebriated during teaching hours.
 - d) She vaped:
 - i. On school premises; and
 - ii. During lesson periods.
3. She claimed to her employing agency and/or school(s) that her presentation resulting from 1(c) and/or 2(c) was the result of a medical condition and not associated with the consumption of alcohol when this was not the case.
4. Her conduct, as may be found proven at 3 above, was dishonest and/or lacked integrity

Dr Merali provided no admission of fact.

Preliminary applications

Application to proceed in the absence of the teacher

Dr Merali was not present at the hearing nor was she represented. The presenting officer made an application to proceed in the absence of Dr Merali.

The panel accepted the legal advice provided in relation to this application and took account of the various factors referred to in it, as derived from the guidance set down in the case of R v Jones [2003] 1 AC 1 (as considered and applied in subsequent cases, particularly GMC v Adeogba).

The panel was satisfied that the Notice of Proceedings had been sent to Dr Merali in accordance with the Teacher misconduct: Disciplinary procedures for the teaching profession April 2018 (the 'Procedures').

The panel concluded that Dr Merali's absence was voluntary and that she was aware that the matter would proceed in her absence.

The panel noted that Dr Merali had not sought an adjournment to the hearing and the panel did not consider that an adjournment would procure her attendance at a hearing. There was no medical evidence before the panel that Dr Merali was unfit to attend the hearing. The panel considered that it was in the public interest for the hearing to take place. It also considered the effect on the witnesses of any delay.

Having decided that it was appropriate to proceed, the panel agreed to seek to ensure that the proceedings were as fair as possible in the circumstances, bearing in mind that Dr Merali was neither present nor represented.

The panel noted that since the date of the referral (15 July 2019) to the TRA in this case, new 'Teacher misconduct: Disciplinary procedures for the teaching profession' were published in May 2020 (the 'May 2020 Procedures'). The panel understands that the earlier provisions contained within the Procedures apply to this case, given that those provisions applied when the referral was made. Although the panel has the power to direct that the May 2020 Procedures should apply in the interests of justice or the public interest, the panel had received no representations that this should be the case. For the avoidance of doubt, therefore, the panel confirms that it has applied the April 2018 Procedures in this case.

Summary of evidence

Documents

In advance of the hearing, the panel received a bundle of documents which included:

- Section 1: Chronology and anonymised pupil list – pages 5 to 7
- Section 2: Notice of hearing and response – pages 9 to 15
- Section 3: Teaching Regulation Agency witness statements – pages 17 to 45
- Section 4: Medico-legal report – pages 47 to 56
- Section 5: Teaching Regulation Agency documents – pages 58 to 110

In addition, the panel agreed to accept the following:

- Application to proceed in absence
- Proceed in absence bundle
- Letter to Dr Merali dated 5 September 2022
- Email delivery confirmation

The panel members confirmed that they had read all of the documents within the bundle, in advance of the hearing, and the additional documents that the panel decided to admit.

Witnesses

The panel heard oral evidence from the following witnesses called by the TRA:

- [redacted]
- [redacted]
- [redacted]

Decision and reasons

The panel announced its decision and reasons as follows:

The panel carefully considered the case before it and reached a decision.

Dr Merali began working as a supply teacher with Step Teachers Ltd ('the Agency') on 5 January 2017.

On 1 November 2018, Dr Merali began a long term placement at Acle Academy which was due to end in July 2019.

On 15 March 2019, concerns were raised about Dr Merali by [redacted] at Acle Academy to the Agency. Dr Merali's placement was terminated.

On 19 March 2019, an informal meeting was held between Dr Merali and the Agency. As a result of the meeting Dr Merali was not offered further work and was given a leave of absence. On 10 April 2019, Dr Merali began working for the Agency again and later began working at Attleborough Academy on 9 May 2019.

On 16 May 2019, Attleborough Academy reported concerns to the Agency that Dr Merali had been drinking alcohol on school premises during teaching hours.

On May 23, 2019, an investigatory meeting took place between Dr Merali and the Agency. Thereafter the Agency contacted LADO to express their concerns.

On 9 July 2019, as a result of LADO's involvement, Dr Merali was asked to provide evidence of her reported medical conditions. Dr Merali initially agreed and later submitted that she was not willing to do so, and that she did not want to teach anymore.

Findings of fact

The findings of fact are as follows:

The panel found the following particulars of the allegations against you proved, for these reasons:

1. At Acle Academy ('Academy 1') in March 2019 on one or more occasions:

- a) You brought alcohol on to school premises;**
- b) You consumed alcohol prior to and/or during teaching hours; and**
- c) As a result of 1(b) or in any event, you were inappropriately inebriated during teaching hours.**

The panel noted the witness statement and oral evidence of [redacted]. [redacted] submitted that she did not work directly with Dr Merali but would encounter her during meetings with staff such as briefings. Once during a briefing, [redacted] noticed that Dr Merali was giggling, which seemed strange as there was nothing that appeared to be humorous. On a separate occasion, [redacted] thought that Dr Merali was overly concerned about something that had been said; Dr Merali's response did not seem appropriate.

On 8 March 2019, [redacted] observed Dr Merali teaching a lesson during an informal walk around the Academy. Dr Merali was teaching a lesson on the reproductive system and [redacted] noticed that the children were really laughing and giggling. [redacted] thought that the subject may have been the reason as children are often embarrassed by this topic. However, [redacted] submitted that Dr Merali was also inappropriately laughing; when the children were saying things like "willy", she was bursting into laughter. [redacted] also observed that Dr Merali's resource on the board did not relate to the

questions which she was asking. After the lesson [redacted] spoke to the head of department, [redacted], about her concerns.

On 14 March 2019, there was a governor's monitoring day. On the day, vice principal [redacted] went into Dr Merali's lesson with a governor. [redacted] later reported to [redacted] that they observed the teaching assistant, [redacted], leading a dissection while Dr Merali was sitting in the corner eating a sandwich. [redacted] reported in that Governors' meeting that Dr Merali was sitting in the doorway to a cupboard, not fully physically present in the room. It appeared that she was not monitoring the lesson. [redacted] was concerned about the Health & Safety implications of Dr Merali eating food in a science lab; that she was not monitoring the Health & Safety of the children; and that she had asked someone without Health & Safety training or appropriate level of teaching qualification to lead.

Dr Merali was spoken to after the lesson; Dr Merali explained that because [redacted] had previously worked as [redacted], she thought he was better placed to demonstrate the dissection.

On the following day, 15 March 2019, three [redacted] went to Engage, the pastoral office for reporting incidents. They reported to the member of staff, [redacted] that Dr Merali appeared to be drunk, which was then reported to [redacted] spoke to the pupils who expressed concerns about "*getting her into trouble*" but reported that Dr Merali smelt of vodka; was "*swaying all over the place*"; was slurring words and constantly sipping from her water bottle which they believed contained alcohol.

After [redacted] spoke with the students, she went to Dr Merali's classroom where she was teaching another lesson. As [redacted] entered Dr Merali's classroom, Dr Merali laughed and started to sing a foreboding tune "*doom doom do doom*" and said words to the effect of, "*Uh Oh, here she comes*", loudly, so that the class could hear. [redacted] stayed for the duration, approximately 25-30 minutes, and it was clear that Dr Merali's speech was slurred. Dr Merali had a water bottle in an opaque metal container, so you could not see what was in it. Dr Merali was sipping from it, a few times over the course of the lesson and was also swaying on her feet.

The panel noted that the three students were not present to give evidence nor had witness statements been taken from them. It was further noted that [redacted] regarded these particular students as trustworthy, truthful [redacted]. There was no evidence adduced to suggest that there was any fabrication from the students, and it was made clear by [redacted] that had she not found the students to be so truthful or trustworthy she may not have taken the immediate action she did.

After the lesson [redacted] met with [redacted] and Dr Merali. [redacted] asked Dr Merali if she was well, and she said she was fine. [redacted] explained what the students had said. At first Dr Merali laughed and was very dismissive. During the meeting, she

continued to sip from her bottle, every minute or so. During the meeting Dr Merali also left the room a number of times which [redacted] described as strange. Later in the meeting, Dr Merali said that she was on a [redacted]. At this point Dr Merali began to cry; [redacted] submitted that her speech was slurred throughout the meeting.

The panel were clear that there was evidence to suggest Dr Merali was intoxicated including slurred speech and being unsteady on her feet. It is noted that Dr Merali had initially said she been taking medication and had a knee injury however, given the lack of engagement from Dr Merali there was no evidence to prove this and therefore on the balance of probabilities the Panel found Dr Merali to be inappropriately inebriated. The panel were also of the view that consuming any alcohol on a school premises would lead to a member of staff being inappropriately inebriated.

The panel found allegations 1(a), 1(b) and 1(c) proven.

2. At Attleborough Academy ('Academy 2') in May 2019 on one or more occasions:

- a) You brought alcohol on to school premises;**
- b) You consumed alcohol prior to and/or during teaching hours; and**
- c) As a result of 2(b) or in any event, you were inappropriately inebriated during teaching hours.**
- d) You vaped:**
 - i. On school premises**
 - ii. During lesson periods**

The panel noted the witness statement and oral evidence of [redacted]. [redacted] worked in a preparation room between Lab 1 and Lab 2; Dr Merali worked mostly in Lab 2 and therefore [redacted] was aware of Dr Merali and her teaching on a daily basis.

[redacted] submitted that she had concerns about Dr Merali from the beginning. [redacted] felt that there was something wrong with Dr Merali's body language and was also concerned as she continuously came into [redacted] room with her bottle which she was constantly sipping from. When [redacted] asked Dr Merali if there was something wrong, Dr Merali mentioned that she had a [redacted] and had also mentioned having had an accident and being in pain from it.

[redacted] submitted that sometimes she saw Dr Merali holding the table in the middle of the room with her right hand and holding onto the cabinet with her left hand. Dr Merali was leaning forward like she was in pain and breathing heavily. [redacted] further submitted that Dr Merali would often leave the classroom during lessons and would leave

pupils unattended for up to 10 minutes. [redacted] stated that students commented to her that Dr Merali's behaviour was weird and that they could smell alcohol on her. On one occasion, when Dr Merali left the room, [redacted] checked Dr Merali's water bottle and reported that it smelt strongly of alcohol. Several times she saw odourless smoke in the prep room and had also witnessed Dr Merali vaping. Further to this, Dr Merali had admitted to [redacted] that she had been vaping in the staff toilets.

It was noted by the panel that [redacted] said that Dr Merali would keep her distance when speaking to [redacted] and also avoid eye contact.

The Panel felt that [redacted] was a truthful and compelling witness. [redacted] also said Dr Merali was a 'brilliant teacher but maybe needs some help.'

The panel noted the witness statement of [redacted]. On 16 May 2019, [redacted] received a report from [redacted], that Dr Merali was suspected of drinking and vaping on site. Upon receipt of this report, [redacted] informed [redacted], [redacted]. [redacted] and [redacted] met with Dr Merali and shared with her the allegations about her drinking and vaping. [redacted] submitted that, upon questioning, Dr Merali admitted vaping in the prep room and in the staff women's toilets. However, Dr Merali stated that she had only been drinking water and pointed to a large bottle which she carried with her. [redacted] asked [redacted] to pass him the bottle, but as [redacted] picked it up, Dr Merali took the bottle out of her hands and put it into her bag. [redacted]. [redacted] submitted that Dr Merali's speech was slurred.

The panel considered that this matter could have easily been resolved by Dr Merali had she allowed inspection of the bottle to take place as this would have simply proved or disproved whether she was drinking alcohol. Likewise, it is noted that she had initially agreed to provide her medical records but then almost immediately after decided that she did not want to and did not provide any good reason for doing so.

[redacted] was involved with interviewing and collecting statements from students. Three students were chosen whom the Academy knew were reliable, [redacted]. The students emphasised that Dr Merali had been really drunk. The students were absolutely convinced and when the Academy suggested that there could be another medical explanation, they said it could not have been the case.

The panel found allegation 2(a), 2(b), 2(c), 2(d)(i)-(ii) proven

- 3. You claimed to your employing agency and/or school(s) that your presentation resulting from 1(c) and/or 2(c) was the result of a medical condition and not associated with the consumption of alcohol when this was not the case. Your conduct, as may be found proven as above, was dishonest and/or lacked integrity**

The panel noted the Medico-legal report provided as part of the bundle. The report stated that Dr Merali claimed that she was intoxicated due to the effect of very strong painkillers [redacted], and that [redacted]. Dr Merali had declined to provide any medical reports to assist her employers in their understanding of this matter. The report stated that slurred speech, impaired co-ordination, lack of sense of appropriate behaviour and a smell of alcohol are not symptoms and signs of [redacted]. Further, the report stated that the impression of a person being intoxicated with alcohol is not a familiar occurrence as a result of the [redacted].

The panel found allegation 3 proven.

4. Your conduct, as may be found proven as above, was dishonest and/or lacked integrity

The panel noted that there were numerous opportunities for Dr Merali to provide her medical records to prove her medical condition. She did not and there was no evidence to suggest what she had initially asserted was the truth.

The allegation found allegation 4 proven

Findings as to unacceptable professional conduct and/or conduct that may bring the profession into disrepute

Having found a number of the allegations proved, the panel went on to consider whether the facts of those proved allegations amounted to unacceptable professional conduct and/or conduct that may bring the profession into disrepute.

In doing so, the panel had regard to the document Teacher Misconduct: The Prohibition of Teachers, which is referred to as ‘the Advice’.

The panel was satisfied that the conduct of Dr Merali, in relation to the facts found proved, involved breaches of the Teachers’ Standards. The panel considered that, by reference to Part 2, Dr Merali was in breach of the following standards:

- Teachers uphold public trust in the profession and maintain high standards of ethics and behaviour, within and outside school, by
 - treating pupils with dignity, building relationships rooted in mutual respect, and at all times observing proper boundaries appropriate to a teacher’s professional position
 - having regard for the need to safeguard pupils’ well-being, in accordance with statutory provisions

- Teachers must have proper and professional regard for the ethos, policies and practices of the school in which they teach, and maintain high standards in their own attendance and punctuality.
- Teachers must have an understanding of, and always act within, the statutory frameworks which set out their professional duties and responsibilities.

The panel was satisfied that the conduct of Dr Merali amounted to misconduct of a serious nature which fell significantly short of the standards expected of the profession.

The panel found that being intoxicated whilst being responsible for children in a professional capacity was a serious breach of the standards expected of a teacher, in particular the Health and Safety and Wellbeing of Pupils.

The panel were also concerned about the lack of engagement from Dr Merali with the TRA, LADO and also the failures to provide medical evidence when requested to do so by her employer.

Accordingly, the panel was satisfied that Dr Merali was guilty of unacceptable professional conduct.

The panel took into account the way the teaching profession is viewed by others and considered the influence that teachers may have on pupils, parents and others in the community. The panel also took account of the uniquely influential role that teachers can hold in pupils' lives and the fact that pupils must be able to view teachers as role models in the way that they behave. The panel were concerned about the dishonesty of Dr Merali in particular her attempts to disguise misconduct by way of trying to deflect it on a medical condition that could not be proved.

The findings of misconduct are serious, and the conduct displayed would be likely to have a negative impact on the individual's status as a teacher, potentially damaging the public perception.

The panel therefore found that Dr Merali's actions constituted conduct that may bring the profession into disrepute.

Having found the facts of allegations 1(a), 1(b), 1(c), 2(a), 2(b), 2(c), 2(d)(i)-(ii) and 3 proved, the panel further found that Dr Merali's conduct amounted to both unacceptable professional conduct and conduct that may bring the profession into disrepute.

Panel's recommendation to the Secretary of State

Given the panel's findings in respect of unacceptable professional conduct and conduct that may bring the profession into disrepute, it was necessary for the panel to go on to

consider whether it would be appropriate to recommend the imposition of a prohibition order by the Secretary of State.

In considering whether to recommend to the Secretary of State that a prohibition order should be made, the panel had to consider whether it would be an appropriate and proportionate measure, and whether it would be in the public interest to do so.

The panel were aware that prohibition orders should not be given in order to be punitive, or to show that blame has been apportioned, although they are likely to have punitive effect.

The panel had regard to the particular public interest considerations set out in the Advice and, having done so, found a number of them to be relevant in this case, namely: the safeguarding and wellbeing of pupils and the protection of other members of the public; the maintenance of public confidence in the profession; declaring and upholding proper standards of conduct; and that prohibition strikes the right balance between the rights of the teacher and the public interest, if they are in conflict.

In the light of the panel's findings against Dr Merali, which involved consuming alcohol and vaping on school premises, there was a strong public interest consideration in respect of the protection of pupils.

Similarly, the panel considered that public confidence in the profession could be seriously weakened if conduct such as that found against Dr Merali was not treated with the utmost seriousness when regulating the conduct of the profession.

The panel was of the view that a strong public interest consideration in declaring proper standards of conduct in the profession was also present as the conduct found against Dr Merali was outside that which could reasonably be tolerated.

In view of the clear public interest considerations that were present, the panel considered carefully whether or not it would be proportionate to impose a prohibition order, taking into account the effect that this would have on Dr Merali.

In carrying out the balancing exercise, the panel had regard to the public interest considerations both in favour of, and against, prohibition as well as the interests of the teacher. The panel took further account of the Advice, which suggests that a prohibition order may be appropriate if certain behaviours of a teacher have been proved. In the list of such behaviours, those that were relevant in this case were:

- serious departure from the personal and professional conduct elements of the Teachers' Standards;
- misconduct seriously affecting the education and/or well-being of pupils, and particularly where there is a continuing risk;

- dishonesty or a lack of integrity, including the deliberate concealment of their actions, especially where these behaviours have been repeated or had serious consequences.

Even though some of the behaviour found proved in this case indicated that a prohibition order would be appropriate, the panel went on to consider the mitigating factors. Mitigating factors may indicate that a prohibition order would not be appropriate or proportionate.

There was no evidence that Dr Merali's actions were not deliberate. The Panel felt that given Dr Merali's actions were dishonest it followed they were deliberate.

There was no evidence to suggest that Dr Merali was acting under extreme duress.

No evidence was submitted to attest to Dr Merali's previous history as a teacher or which demonstrates exceptionally high standards in both personal and professional conduct or that she has contributed significantly to the education sector. It was however noted that Dr Merali had been employed as a teacher since 2014 and had no previous concerns raised. The Panel also noted the references provided.

No mitigating evidence was submitted by Dr Merali, nor was any evidence which showed that Dr Merali had shown insight into her actions.

The panel first considered whether it would be proportionate to conclude this case with no recommendation of prohibition, considering whether the publication of the findings made by the panel would be sufficient.

The panel was of the view that, applying the standard of the ordinary intelligent citizen, it would not be a proportionate and appropriate response to recommend no prohibition order. Recommending that the publication of adverse findings would be sufficient would unacceptably compromise the public interest considerations present in this case, despite the severity of the consequences for Dr Merali of prohibition.

The panel was of the view that prohibition was both proportionate and appropriate. The panel decided that the public interest considerations outweighed the interests of Dr Merali. A lack of insight and remorse was a significant factor in forming that opinion. Accordingly, the panel made a recommendation to the Secretary of State that a prohibition order should be imposed with immediate effect.

The panel went on to consider whether or not it would be appropriate for it to decide to recommend a review period of the order. The panel was mindful that the Advice states that a prohibition order applies for life, but there may be circumstances, in any given case, that may make it appropriate to allow a teacher to apply to have the prohibition order reviewed after a specified period of time that may not be less than 2 years.

The Advice indicates that there are behaviours that, if proved, would militate against the recommendation of a review period. The panel found that Dr Merali was not responsible for any such behaviours.

The Advice also indicates that there are behaviours that, if proved, would have greater relevance and weigh in favour of a longer review period. One of these behaviours includes serious dishonesty. The panel found that Dr Merali was responsible for being dishonest by lying that her presentation was caused by a medical condition.

The panel decided that the findings indicated a situation in which a review period would be appropriate and, as such, decided that it would be proportionate, in all the circumstances, for the prohibition order to be recommended with provisions for a review period after 2 years. The panel noted that if Dr Merali is to have the matter reviewed, she should provide clear evidence that she has addressed any alcohol problem.

Decision and reasons on behalf of the Secretary of State

I have given very careful consideration to this case and to the recommendation of the panel in respect of both sanction and review period.

In considering this case, I have also given very careful attention to the Advice that the Secretary of State has published concerning the prohibition of teachers.

In this case, the panel has found all of the allegations proven and found that those proven facts amount to unacceptable professional conduct and conduct that may bring the profession into disrepute.

The panel has made a recommendation to the Secretary of State that Dr Zara Merali should be the subject of a prohibition order, with a review period of 2 years.

In particular, the panel has found that Dr Zara Merali is in breach of the following standards:

- Teachers uphold public trust in the profession and maintain high standards of ethics and behaviour, within and outside school, by
 - treating pupils with dignity, building relationships rooted in mutual respect, and at all times observing proper boundaries appropriate to a teacher's professional position
 - having regard for the need to safeguard pupils' well-being, in accordance with statutory provisions
- Teachers must have proper and professional regard for the ethos, policies and practices of the school in which they teach, and maintain high standards in their own attendance and punctuality.

- Teachers must have an understanding of, and always act within, the statutory frameworks which set out their professional duties and responsibilities.

The panel finds that the conduct of Dr Merali fell significantly short of the standards expected of the profession.

The findings of misconduct include a finding of consuming alcohol on school premises and behaviour found to be dishonest and/or lacked integrity.

I have to determine whether the imposition of a prohibition order is proportionate and in the public interest. In considering that for this case, I have considered the overall aim of a prohibition order which is to protect pupils and to maintain public confidence in the profession. I have considered the extent to which a prohibition order in this case would achieve that aim taking into account the impact that it will have on the individual teacher. I have also asked myself, whether a less intrusive measure, such as the published finding of unacceptable professional conduct and conduct that may bring the profession into disrepute, would itself be sufficient to achieve the overall aim. I have to consider whether the consequences of such a publication are themselves sufficient. I have considered therefore whether or not prohibiting Dr Merali, and the impact that will have on the teacher, is proportionate and in the public interest.

In this case, I have considered the extent to which a prohibition order would protect children/safeguard pupils. The panel has observed, “the conduct of Dr Merali amounted to misconduct of a serious nature which fell significantly short of the standards expected of the profession. The panel found that being intoxicated whilst being responsible for children in a professional capacity was a serious breach of the standards expected of a teacher, in particular the Health and Safety and Wellbeing of Pupils.” A prohibition order would therefore prevent such a risk from being present in the future.

I have also taken into account the panel’s comments on insight and remorse, which the panel sets out as follows, “No mitigating evidence was submitted by Dr Merali, nor was any evidence which showed that Dr Merali had shown insight into her actions.” In my judgement, the lack of insight means that there is some risk of the repetition of this behaviour, and this puts at risk the future wellbeing of pupils’. I have therefore given this element considerable weight in reaching my decision.

I have gone on to consider the extent to which a prohibition order would maintain public confidence in the profession. The panel observe, “public confidence in the profession could be seriously weakened if conduct such as that found against Dr Merali was not treated with the utmost seriousness when regulating the conduct of the profession.” I am particularly mindful of the finding of being under the influence of alcohol around pupils in this case and the impact that such a finding has on the reputation of the profession.

I have had to consider that the public has a high expectation of professional standards of all teachers and that the public might regard a failure to impose a prohibition order as a

failure to uphold those high standards. In weighing these considerations, I have had to consider the matter from the point of view of an “ordinary intelligent and well-informed citizen.”

I have considered whether the publication of a finding of unacceptable professional conduct, in the absence of a prohibition order, can itself be regarded by such a person as being a proportionate response to the misconduct that has been found proven in this case.

I have also considered the impact of a prohibition order on Dr Merali herself and the panel comment “No evidence was submitted to attest to Dr Merali’s previous history as a teacher or which demonstrates exceptionally high standards in both personal and professional conduct or that she has contributed significantly to the education sector. It was however noted that Dr Merali had been employed as a teacher since 2014 and had no previous concerns raised. The Panel also noted the references provided. ”

A prohibition order would prevent Dr Merali from teaching. A prohibition order would also clearly deprive the public of her contribution to the profession for the period that it is in force.

In this case, I have placed considerable weight on the panel’s comments “There was no evidence that Dr Merali’s actions were not deliberate. The Panel felt that given Dr Merali’s actions were dishonest it followed they were deliberate.”

I have also placed considerable weight on the finding of the panel “The panel took into account the way the teaching profession is viewed by others and considered the influence that teachers may have on pupils, parents and others in the community. The panel also took account of the uniquely influential role that teachers can hold in pupils’ lives and the fact that pupils must be able to view teachers as role models in the way that they behave. The panel were concerned about the dishonesty of Dr Merali in particular her attempts to disguise misconduct by way of trying to deflect it on a medical condition that could not be proved.”

I have given less weight in my consideration of sanction therefore, to the contribution that Dr Merali has made to the profession. In my view, it is necessary to impose a prohibition order in order to maintain public confidence in the profession. A published decision, in light of the circumstances in this case, that is not backed up by remorse or insight, does not in my view satisfy the public interest requirement concerning public confidence in the profession.

For these reasons, I have concluded that a prohibition order is proportionate and in the public interest in order to achieve the intended aims of a prohibition order.

I have gone on to consider the matter of a review period. In this case, the panel has recommended a 2 year review period.

I have considered the panel's comments "The panel decided that the findings indicated a situation in which a review period would be appropriate and, as such, decided that it would be proportionate, in all the circumstances, for the prohibition order to be recommended with provisions for a review period after 2 years. The panel noted that if Dr Merali is to have the matter reviewed, she should provide clear evidence that she has addressed any alcohol problem."

I agree with the panel that a 2 year review period reflects the seriousness of the findings and is a proportionate period to achieve the aim of maintaining public confidence in the profession.

This means that Dr Zara Merali is prohibited from teaching indefinitely and cannot teach in any school, sixth form college, relevant youth accommodation or children's home in England. She may apply for the prohibition order to be set aside, but not until 26 September 2024, 2 years from the date of this order at the earliest. This is not an automatic right to have the prohibition order removed. If she does apply, a panel will meet to consider whether the prohibition order should be set aside. Without a successful application, Dr Merali remains prohibited from teaching indefinitely.

This order takes effect from the date on which it is served on the teacher.

Dr Zara Merali has a right of appeal to the King's Bench Division of the High Court within 28 days from the date she is given notice of this order.

A handwritten signature in black ink, appearing to read 'S Buxcey', with a horizontal line underneath.

Decision maker: Sarah Buxcey

Date: 21 September 2022

This decision is taken by the decision maker named above on behalf of the Secretary of State.