

PUBLIC RECORD

Dates: 17/02/2025 - 20/02/2025

Doctor: Dr Sameed ZAHID

GMC reference number: 7762488

Primary medical qualification: MBBS 2015 Sichuan Medical University

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Impaired

Summary of outcome

Suspension, 6 months.
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Gerry Wareham
Lay Tribunal Member:	Dr Billy McClune
Registrant Tribunal Member:	Dr Gabrielle Downey
Tribunal Clerk:	Mr Larry Millea 17 & 20/02/2025 Ms Olivia Gamble 18 - 19/02/2025

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Christopher Field, Counsel, of St John Street Chambers
GMC Representative:	Mr Martin Mensah, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in public.

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts & Impairment - 19/02/2025

Background

1. Dr Zahid qualified MBBS in 2015 from Sichuan Medical University. He attained full registration in 2022.
2. The allegation that has led to Dr Zahid's hearing can be summarised as follows: in April 2022, Dr Zahid submitted an application to the GMC for full registration which indicated that in 2016 he had completed a year of post-graduate internship at Southwest Medical University 1st Hospital ('the Hospital') in China.
3. He submitted documents in support of this application, and it is alleged that the information and documents provided were false and/or contained false information, and that he had not completed that internship. It is further alleged that Dr Zahid knew that these claims were false and that thereby he was dishonest.
4. The initial concerns were raised with the GMC on 24 April 2023, via an online referral form by an anonymous member of the public.

The Allegation and the Doctor's Response

5. The Allegation made against Dr Zahid is as follows:

That being registered under the Medical Act 1983 (as amended):

1. On 25 April 2022, you submitted an application to the GMC for full registration ('the application'), which consisted of an:

- a. application form; **Admitted and found proved**
 - b. evidence of internship form dated 22 April 2022. **Admitted and found proved**
2. Within the application form, you:
- a. entered details of a post-graduate internship ('the internship') at Southwest Medical University 1st Hospital ('the Hospital') in that you stated that:
 - i. the internship finished on 21 October 2016; **Admitted and found proved**
 - ii. from 28 March to 9 September 2016, you completed a rotation in Surgery; **Admitted and found proved**
 - iii. from 12 September to 21 October 2016, you completed a rotation in Emergency Medicine,

or words to that effect; **Admitted and found proved**
 - b. answered 'Y' to the final declaration, which included the words 'the information I have provided in my application is correct and true'.
Admitted and found proved
3. The evidence of internship form included details of the internship at the Hospital in that it stated that:
- a. the internship finished on 21 October 2016; **Admitted and found proved**
 - b. from 28 March to 9 September 2016, you completed a rotation in Surgery; **Admitted and found proved**
 - c. from 12 September to 21 October 2016, you completed a rotation in Emergency Medicine,

or words to that effect. **Admitted and found proved**
4. On 10 May 2022, during the application process, you submitted two letters from the Hospital dated 10 May 2022:

- a. the first of which stated that:
 - i. the rotations (as part of the internship) were completed on 21 October 2016; **Admitted and found proved**
 - ii. you completed:
 - 1. 24 weeks in the Surgery departments from 28 March to 9 September 2016; **Admitted and found proved**
 - 2. six weeks in the Emergency Medicine from 12 September to 21 October 2016,

or words to that effect; **Admitted and found proved**
 - b. the second of which stated that you had completed one year of probatory period to 21 October 2016, or words to that effect. **Admitted and found proved**
5. The information and documents referred to at paragraphs 2 to 4, provided as part of the application and/or application process, were false and/or contained false information in that you had not completed:
- a. the internship and/or rotations as part of the internship on 21 October 2016; **Admitted and found proved**
 - b. a rotation in:
 - i. Surgery from 28 March to 9 September 2016; **Admitted and found proved**
 - ii. Emergency Medicine from 12 September to 21 October 2016; **Admitted and found proved**
 - c. one-year probatory period to 21 October 2016. **Admitted and found proved**
6. You knew that had not completed:
- a. the internship and/or rotations as part of the internship on 21 October 2016; **Admitted and found proved**

- b. a rotation in:
 - i. Surgery from 28 March to 9 September 2016; **Admitted and found proved**
 - ii. Emergency Medicine from 12 September to 21 October 2016; **Admitted and found proved**
 - c. one-year probatory period to 21 October 2016. **Admitted and found proved**
7. Your actions at paragraphs:
- a. 2; **Admitted and found proved**
 - b. 3; **Admitted and found proved**
 - c. 4, **Admitted and found proved**

were dishonest by reason of paragraphs 5 and 6.

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. **To be determined**

The Admitted Facts

6. At the outset of these proceedings, through his counsel, Mr Field, Dr Zahid admitted the entirety of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation to be admitted and found proved.

Impairment

7. In light of Dr Zahid's response to the Allegation against him, there are no facts to be determined. The Tribunal therefore had to determine in accordance with Rule 17(2)(l) of the Rules whether Dr Zahid's fitness to practise was impaired by reason of misconduct.

The Evidence

Witness Evidence

8. The Tribunal received oral evidence on behalf of the Dr Zahid from Dr A, Consultant in Emergency Medicine at Newham University Hospital.

Documentary Evidence

9. The Tribunal had regard to the documentary evidence provided by the parties for Stage 1 and Stage 2 of the proceedings. This evidence included but was not limited to:

- Witness statement of Ms B – dated 26 April 2024;
- Documents in relation to Dr Zahid’s application for full registration – dated 31 March 2022;
- Multiple email correspondence between Dr Zahid and the GMC – various dates;
- Letter from the Affiliated Hospital of Southwest Medical University – dated 10 May 2022;
- NMLE eligibility letter – dated 10 May 2022;
- Online complaint form – dated 24 April 2023;
- Dr Zahid’s reflective statement – dated 19 June 2024;
- CPD documentation – various dates;
- Testimonials – various dates.

Submissions

On behalf of the GMC

10. Mr Mensah, on behalf of the GMC, submitted that Dr Zahid is currently impaired by reason of his misconduct.

11. Mr Mensah stated that the Allegation as accepted and admitted by Dr Zahid in its entirety raises issues of probity. Dr Zahid had knowingly and dishonestly provided false information to his regulator when applying for full professional registration.

12. Mr Mensah submitted that dishonesty carries with it a presumption of impairment and stated that there is nothing in this particular case to indicate exceptional circumstances.

13. Mr Mensah reminded the Tribunal that in order to determine that Dr Zahid is not impaired today, it would need to be satisfied that he has fully acknowledged why his past conduct was deficient and consider carefully his insight and remediation and be satisfied his actions, whether by education, supervision or achievements have sufficiently addressed the impairment.

14. Mr Mensah referred the Tribunal to paragraph 10 of Dr Zahid's reflective statement in which he appeared to refer to his dishonest actions as a '*minor ethical concern*'. Mr Mensah stated the GMC position was that Dr Zahid was more accurate when he later commented at Paragraph 18 of the same document '*Trust is fundamental, as the GMC trusted me to be honest in my application, which is crucial because dishonesty in an application can result in doctors practicing when they shouldn't be, which is potentially harmful to patient treatment.*'

15. Mr Mensah submitted that Dr Zahid's dishonesty was a failure to adhere to a fundamental tenet of Good Medical Practice (GMP), and potentially harmful to patients.

On behalf of Dr Zahid

16. On behalf of Dr Zahid, Mr Field stated that Dr Zahid had acknowledged his misconduct in admitting all elements of the Allegation. He also stated that he was instructed to accept on Dr Zahid's behalf that the misconduct was serious but would be submitting that the doctor was not presently impaired.

17. Mr Field reminded the Tribunal that although impairment may be a likely finding where dishonesty was proven, it was not an inevitable conclusion; dishonesty can be remediated, and each case must be considered on its own facts and circumstances.

18. Mr Field stated that Dr Zahid's remediation must be seen as a journey and not assessed by reference to one point in time. It should be expected that an individual would start with a lack of insight, otherwise why would they commit misconduct, and then gain and develop their insight.

19. Mr Field submitted there were several sources of evidence of Dr Zahid's insight. He stated the Tribunal had heard from Dr A and had available the evidence of the reflective

statement and the remediation already undertaken through CPD and other training and the multiple testimonials.

20. Mr Field reminded the Tribunal that the internship subject of the Allegation was in 2015 - 2016 and stated that there was considerable relevant background. He stated that Dr Zahid had been subject to various sources of stress and had left the internship early XXX. He stated that when he left he had at that time intended to return, but instead stayed in Canada. Covid and other circumstances had then impacted him and caused delay, but he completed his 'PLAB 1 and 2' in 2022.

21. Mr Field stated that when Dr Zahid's initial application for registration, supported by evidence of his work in Canada, had been declined he decided to use the Chinese internship as supporting evidence, though he knew had not completed it. Mr Field submitted that although there were multiple elements to the Allegation, in essence it constituted one isolated incident of dishonesty by using the certificate as supplied. He further submitted that there was no allegation or evidence that it was forged, and that it appeared genuine.

22. Mr Field referred the Tribunal to the email correspondence between Dr Zahid and the GMC in September 2023, which he submitted indicated that he did not seek to argue that the certificate was correct once it was challenged. Mr Field took the Tribunal to various paragraphs of Dr Zahid's reflective statement which he submitted showed how his insight and acceptance of his misconduct had developed over time.

23. Mr Field submitted that Dr Zahid had supplied strong evidence of remediation through the continued professional development (CPD) and other training he had undertaken. He also referred the Tribunal to the handwritten journal Dr Zahid had kept which he suggested illustrated his journey of insight and remediation, as well as the stresses and personal tragedy to which he had been subject.

24. Mr Field submitted that the evidence of Dr A, in particular her recount of how he had acted with probity during a clinical review, and the testimonials constituted strong evidence of how Dr Zahid was currently viewed as an honest and competent clinician. He stated it was difficult to see what more he could have done to remediate his dishonesty and submitted that accordingly there was sufficient grounds for the Tribunal to determine he was not currently impaired.

25. In conclusion Mr Field submitted that Dr Zahid did not pose a risk, and he had remediated any concerns and that the only factor for consideration therefore was a '*public policy finding*'.

The Relevant Legal Principles

26. The LQC gave advice on the approach to be taken by the Tribunal in relation to impairment.

27. In approaching the decision, the Tribunal must be mindful of the two-stage process to be adopted: first whether the facts found proved amounted to misconduct which was serious; and secondly, whether the finding of serious misconduct should lead to a finding of impairment. There is no burden or standard of proof, and the decision of impairment is for the Tribunal's judgement alone.

28. The Tribunal must determine whether Dr Zahid's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then, such as whether the matters are remediable, have been remedied and any likelihood of repetition. It should also consider whether a finding of impairment is warranted taking into account the wider public interest.

29. The LQC highlighted the case of *Roylance v GMC (no2) (2000) 1 AC 311* in which 'misconduct' was defined as a 'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances'. In the case *Nandi v GMC [2004] EWHC 2317 (Admin)*, it was said that serious misconduct is sometimes described as misconduct which would be considered deplorable by fellow practitioners.

30. The LQC reminded the Tribunal of the need to take into account the overarching objective which is to protect the public and which includes to:

- a protect and promote the health, safety and wellbeing of the public;*
- b promote and maintain public confidence in the medical profession; and*
- c promote and maintain proper professional standards and conduct for the members of the profession.*

31. The LQC reminded the Tribunal that whilst there is no statutory definition of impairment, the Tribunal is assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*. The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

a. 'Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

b. Has in the past and/or is liable in the future to bring the medical profession into disrepute; and/or

c. Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

32. The LQC further referred the Tribunal to the principle set out in *Cheatle v GMC [2009] EWHC 645 (Admin)*: 'The doctor's misconduct at a particular time may be so egregious that, looking forward, a panel is persuaded that the doctor is simply not fit to practise medicine without restrictions, or maybe at all. On the other hand, the doctor's misconduct may be such that, seen within the context of an otherwise unblemished record, a Fitness to Practise Panel could conclude that, looking forward, his or her fitness to practise is not impaired, despite the misconduct.'

33. The LQC drew the Tribunal's attention to the case of *Yeong v GMC [2009] EWHC 1923 (Admin)*, which states that 'where a FTPP considers that fitness to practise is impaired for such reasons, and that a firm declaration of professional standards so as to promote public confidence in that medical practitioner and the profession generally is required, the efforts made by the practitioner to address his problems and to reduce the risk of recurrence of such misconduct in the future may be of far less significance than in other cases, such as those involving clinical errors or incompetence'.

34. As regards the issue of dishonesty the Tribunal must have regard to the guidance in *The General Medical Council v Armstrong [2021] EWHC 1658 (Admin)* and ensure proper regard is given to the nature and extent of proven dishonesty and engage with the weight of the public interest factors tending to a finding of impairment in such cases. In cases of significant professional dishonesty, mitigation has a necessarily limited role. The impact on

public confidence in cases involving dishonesty, is not diminished because the doctor is unlikely to repeat the dishonesty. The Tribunal should explain what bearing and weight is given to issues of remediation. The categorisation of a case as 'exceptional' signifies that the nature of the issues in play are such that it will be only in an unusual or rare case that one set of factors will outweigh others. The consequences of a finding of dishonesty in the context on the overarching objective, mean that to justify a finding of no impairment, the factors on the other side will need to be extremely strong. In determining whether a case is exceptional, each case must be considered on its facts.

The Tribunal's Determination on Impairment

Misconduct

35. The Tribunal noted that Dr Zahid through his Counsel accepted that the conduct set out in the Allegation and admitted by him was serious misconduct. Nevertheless, this was a matter for the Tribunal to determine.

36. The Tribunal considered the nature of the misconduct and the relevant paragraphs of Good Medical Practice (GMP). It noted that Dr Zahid's dishonesty was in relation to his interactions with his regulator and regarded his professional qualifications and registration. The Tribunal took notice of Mr Field's submission that the various dishonest actions in support of the doctor's application amounted in effect to one act of dishonesty to secure his registration. It also had regard to the fact that the dishonesty was sustained over a significant period and only conceded once there had been a complaint and subsequent investigation which exposed it.

37. The Tribunal were therefore satisfied that the dishonesty was significant and constituted a breach of the basic tenet as set out in Paragraph 1 of GMP that doctors should be '*honesty and trustworthy and act with integrity.*'

38. The Tribunal was also satisfied that Paragraphs 65 and 66 of GMP were engaged:

65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.

66 You must always be honest about your experience, qualifications and current role.

39. Overall, the Tribunal determined that Dr Zahid's actions amounted to serious misconduct.

Impairment

40. The Tribunal went on to consider whether Dr Zahid's fitness to practise was currently impaired by reason of this serious misconduct. In doing so the Tribunal gave careful regard to the overarching objective.

41. The Tribunal commenced by considering the first limb of the objective:

'Protect and promote the health, safety and wellbeing of the public'.

The Tribunal noted that there was strong evidence of insight and remediation on the part of Dr Zahid. It also determined that the evidence available, in particular that of Dr A, did not establish that Dr Zahid was a current risk to the public. It was of the view that the nature of the misconduct, securing admission to the medical register through the exercise of dishonesty, was such that it must carry a potential risk to the public. However, the Tribunal felt that in the particular circumstances of this case that potential risk was more pertinent to the remaining two limbs of the objective.

42. The Tribunal found that the remaining two limbs of the overarching objective were engaged:

'Promote and maintain public confidence in the medical profession;'

And:

'Promote and maintain proper professional standards and conduct for the members of the profession'.

43. The Tribunal found that the dishonest misconduct was likely to undermine public confidence in the medical profession, since the public were entitled to assume that doctors fully and honestly engaged with their regulator. It was of the view that a member of the public would be extremely concerned to hear that a doctor had misled his professional body in order to secure registration.

44. The Tribunal also found that the nature of the dishonesty was such that it was necessary for it to be marked in order to maintain professional standards and conduct. It was of the view that fellow practitioners would hold Dr Zahid's actions in making a false declaration in such important circumstances to be deplorable.

45. The Tribunal therefore held that a finding of current impairment was necessary to uphold the second and third limbs of the overarching objective.

Determination on Sanction - 20/02/2025

46. Having determined that Dr Zahid's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

47. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions

On behalf of the GMC

48. On behalf of the GMC, Mr Mensah submitted that the appropriate sanction was one of a period of suspension. He submitted that a period of suspension would have a deterrent effect and send a signal to Dr Zahid, the profession and the public about what is regarded as behaviour unbecoming of a doctor.

49. Mr Mensah submitted that there was no disagreement that the risk to patient safety is low and that Dr Zahid has completed a substantial amount of remediation. He submitted that Dr Zahid has maintained a belief that his skills were at the appropriate level, notwithstanding he had not completed the full year of internship. He stated that, in this regard, the Tribunal may wish to consider the UK consultant reports, Dr A' evidence and the testimonials provided on behalf of Dr Zahid, which seem to suggest that Dr Zahid's knowledge and skills are at the accepted level. However, he submitted clinical competence cannot mitigate serious or persistent dishonesty.

50. Mr Mensah submitted that in terms of mitigating factors, Dr Zahid has not been involved in any other complaints or incidents, and also noted the lapse of time since the matters subject of the Allegation. He submitted that although Dr Zahid is currently subject to an interim order of suspension and a further period of suspension may impede his ability to keep his skills up to date, the wider public interest and the need to maintain public confidence and professional standards requires a period of suspension.

51. Mr Mensah submitted that there are no exceptional circumstances present which would justify taking no action, and that to do so would be inappropriate given the Tribunal's findings. He stated that the GMC does not submit that undertakings would be appropriate, proportionate or in the public interest because the case involves dishonesty.

52. Mr Mensah submitted that a period of conditional registration would not be appropriate or satisfy public interest in the circumstances of the case.

53. He submitted that erasure would be disproportionate. He stated that although the dishonesty was a significant breach of a basic tenet of GMP and involved registration being attained by deceit, it was not the case that Dr Zahid was wholly unqualified. He also stated that the GMC accepts there is substantial evidence that Dr Zahid understands the nature of the misconduct, has attained insight and completed substantial remediation, and has significant support by way of testimonials.

54. Mr Mensah made no submissions in terms of the appropriate length of suspension, indicating that this was a matter for the Tribunal to determine.

On behalf of Dr Zahid

55. On behalf of Dr Zahid, Mr Field submitted that the Tribunal should have regard to the Sanctions Guidance (February 2024) ('SG') and that the purpose of sanctions is to protect the public and maintain and promote public health, safety and well-being along with confidence in the profession and maintenance of proper standards. He submitted that there is also a need for any sanction to be proportionate and take into account the interests of Dr Zahid.

56. Mr Field submitted that it is important to note the chronology of the circumstances in that: Dr Zahid was not given the opportunity to formally concede his liability to the allegations until after the investigations had taken place; that this was an isolated incident;

that a significant period of time has now passed; and that Dr Zahid has been suspended for over 12 months at this point.

57. Mr Field referred the Tribunal to the evidence of insight and remediation. He stated that there is clear evidence that Dr Zahid now fully appreciates what his actions have done to his reputation and to public perception and confidence in the profession, and that a period of conditional registration may provide sufficient reassurance and deal with any residual concerns.

58. Mr Filed submitted that if the Tribunal determines to suspend Dr Zahid's registration then it should take into account all the relevant factors when determining the length of any suspension. He submitted that the Tribunal should consider the level of insight and remediation demonstrated by Dr Zahid, as found by the Tribunal in its impairment determination, and invited it to impose a shorter period of time having regard to the time that Dr Zahid has already been suspended.

59. Mr Field submitted that given the substantial evidence of remediation and insight, a review hearing would be of limited value given the Tribunal's recognition that Dr Zahid has already provided strong evidence of insight of remediation and is considered a very low risk.

Legal Advice

60. The Tribunal reminded itself that the submissions made were only to assist in its decision making. It was not bound by them and the decision on what sanction, if any, to impose was one for it to determine.

61. There is no burden or standard of proof at this stage. The decision as to sanction is a matter for the Tribunal exercising its independent judgement.

62. The Tribunal had regard to the current version of the SG including the guidance on the approach it should take and the sanctions available to it. The Tribunal noted that the main purpose of imposing a sanction is to uphold the overarching objective to protect the public. Its purpose is not to punish, although it may have a punitive effect. When imposing a sanction, it must be proportionate and the Tribunal must impose the least restrictive sanction necessary.

63. The Tribunal must take a proportionate approach, balancing the interests of Dr Zahid with the public interest, and bear in mind that the reputation of the profession as a whole is more important than the interests of any individual doctor. The Tribunal were reminded of the case of *Bolton v The Law Society [1993] EWCA Civ 32 (06 December 1993)*, in which Sir Thomas Bingham stated, “*in cases of significant professional dishonesty, mitigation has a necessarily limited role*”. And ‘*The reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits, but that is a part of the price.*’

The Tribunal’s Determination on Sanction

Aggravating & Mitigating Factors

64. In reaching its decision, the Tribunal first considered the aggravating and mitigating factors present in this case.

65. The Tribunal considered the following features to be aggravating factors:

- Dr Zahid was dishonest to his regulator as regard his professional experience in order to obtain unmerited full registration;
- Prior to his dishonesty, Dr Zahid was given advice and offered alternative options to complete his year of internship after graduation or apply for provisional registration, which he did not take;
- Dr Zahid’s actions breached fundamental principles of GMP;
- Dr Zahid only made admissions regarding his dishonesty after being challenged by the GMC following an anonymous tip-off.

66. The Tribunal considered the following features to be mitigating factors:

- Dr Zahid has now developed significant insight and there is accordingly a low risk of repetition of his dishonesty. He has shown that he understands the importance of honesty and integrity and through the courses he has taken and his written reflections. In particular he has demonstrated that he understands his own drivers and motivations, and has actively developed appropriate coping strategies. The Tribunal took particular note of Dr Zahid’s journal and the bespoke course he undertook;
- There is no identified risk to patient or public safety from Dr Zahid;

- The positive testimonials provided on Dr Zahid's behalf show that he is functioning above the level of competency required for the role he was in, that was at a higher level than that would have been required for his pre-full registration year. The Tribunal noted the GMC submissions that Dr Zahid was close to the necessary requirements for full registration, and that although the dishonesty was serious and significant, there was limited associated risk to the public;
- Since the time of the events prior to his current interim order of suspension, Dr Zahid had been practising in a competent manner at a higher level than was required and maintains the trust of his consultant;
- Dr Zahid made full admissions to the GMC once the evidence was submitted to him;
- Dr Zahid has apologised and also made full admissions to the Allegation at the outset of this hearing;
- There are no previous concerns identified relating to his professional conduct in China, Canada or the UK.

No action

67. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action.

68. Given the serious findings against Dr Zahid the Tribunal considered that there were no exceptional circumstances in this case which could justify it taking no action.

69. The Tribunal determined that to take no action would be neither appropriate nor proportionate in the circumstances of this case and would fail to uphold the overarching objective.

Conditions

70. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Zahid's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable, and measurable.

71. The Tribunal concluded that Dr Zahid's misconduct was so serious that imposing conditions would fail to send the right signal to the public and members of the medical profession that such behaviour is wholly inappropriate and unacceptable. It was also of the

view that there were not workable conditions which would address the essence of the misconduct which was dishonesty.

72. The Tribunal therefore determined that conditions would be neither proportionate nor workable in the circumstances of this case and, given the serious nature of its findings, would fail to uphold the overarching objective or maintain public confidence in the profession.

Suspension

73. The Tribunal then went on to consider whether to impose a period of suspension on Dr Zahid's registration. In doing so, it bore in mind the relevant paragraphs of the SG, as set out below.

91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.

92 ... A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).

97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.

a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.

...

e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.

f No evidence of repetition of similar behaviour since incident.

g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.

74. The Tribunal considered that paragraphs 97(a), (e), (f) and (g) were applicable in this case and indicated that a period of suspension was potentially an appropriate and proportionate sanction.

75. The Tribunal also considered those paragraphs of the SG which pertain to dishonesty, particularly paragraphs 120, 124 and 125(a), (c), (d) and (e).

120 *Good medical practice states that registered doctors must be honest and trustworthy, and must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession.*

124 *Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty.*

125 *Examples of dishonesty in professional practice could include:*

a defrauding an employer b falsifying or improperly amending patient records

...

c submitting or providing false references

d inaccurate or misleading information on a CV

e failing to take reasonable steps to make sure that statements made in formal documents are accurate.

Erasure

76. Whilst the Tribunal was satisfied that the above paragraphs of the SG indicated that suspension may be appropriate, given the seriousness and nature of the dishonesty the Tribunal needed to be satisfied that Dr Zahid's actions were not fundamentally incompatible with continued registration, as per paragraph 92 of the SG, above.

77. In doing so the Tribunal considered the guidance contained within the SG.

78. The Tribunal considered paragraph 128 of the SG:

128 *Dishonesty, if persistent and/or covered up, is likely to result in erasure*

The Tribunal determined that Dr Zahid's dishonesty was serious for the reasons as set out above. However, it did not find that it was persistent, but rather was a single incident, albeit maintained for a significant period. Dr Zahid admitted his dishonesty once confronted with the evidence.

79. The Tribunal also bore in mind paragraph 109(a) of the SG, which states:

109 *Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).*

a *A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.*

...

80. The Tribunal was satisfied that whilst Dr Zahid's actions were a serious departure from the principles set out in GMP, he had demonstrated significant remediation and insight and that his actions were not fundamentally incompatible with continued registration.

81. The Tribunal considered that owing to the level of insight and remediation there was a very low risk of repetition. The principal purpose of any sanction would be to mark the seriousness of Dr Zahid's actions, to send a message to both the public and members of the

profession that such behaviour is wholly unacceptable and to maintain confidence in the profession. It therefore concluded that a period of suspension was sufficient to uphold the overarching objective and that erasure would be disproportionate in all the circumstances.

82. The Tribunal therefore determined to suspend Dr Zahid's registration.

Duration of suspension

83. In determining the duration of suspension, the Tribunal had reference to the SG and in particular paragraphs 100(a) and (b) of the SG, which state:

100 The following factors will be relevant when determining the length of suspension:

a the risk to patient safety/public protection

b the seriousness of the findings and any mitigating or aggravating factors

...

84. The Tribunal was of the opinion that Dr Zahid posed no or very low risk to patient safety or public protection. It considered that although there were significant mitigating factors in the case, the dishonesty of itself was very serious. It constituted a clear and fundamental breach of GMP and was directed towards those regulating and upholding professional standards. The Tribunal therefore determined that a significant period of suspension was necessary. Anything less would fail to send the correct message and mark the seriousness of Dr Zahid's dishonesty.

85. The Tribunal noted the submissions made on behalf of Dr Zahid, and accepted by GMC, that it should take into account that he has already been suspended for over 12 months by way of an interim order.

86. The Tribunal was of the view that the dishonesty, although not fundamentally incompatible with continued registration, was significant and serious. It accepted that the previous suspension should be a factor to reduce the period imposed, but remained of the view that a period of suspension was still required to adequately mark the seriousness of the misconduct. The Tribunal was of the view that, taking the existing suspension into account, six months was the appropriate duration.

87. In all the circumstances, the Tribunal determined that a period of six months suspension would uphold the overarching objective as regards maintenance of public confidence and professional standards..

Review Hearing

88. The Tribunal determined that a review hearing was not required due to the nature of the misconduct, the high level of insight and consequent low risk of repetition. It noted that the rationale for suspending Dr Zahid's registration was to mark the seriousness of his actions, maintain public confidence and uphold proper standards. It considered that a review hearing would therefore serve no purpose or be a pragmatic use of resources.

Determination on Immediate Order - 20/02/2025

89. Having determined that Dr Zahid's registration be suspended for a period of six months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Zahid's registration should be subject to an immediate order.

Submissions

90. On behalf of the GMC, Mr Mensah submitted that an immediate order was appropriate and necessary in the circumstances of the case, namely the dishonesty admitted and found proved. He submitted that an immediate order was in the wider public interest and was required to protect public confidence in the profession.

91. On behalf of Dr Zahid, Mr Field submitted that he was instructed by Dr Zahid to indicate that if a period of suspension were imposed, there would be no opposition to an immediate order being imposed.

The Tribunal's Determination

92. The Tribunal has taken account of the relevant paragraphs of the SG, in particular paragraphs 172, 173 and 178 as set out below:

***172** The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best*

interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.

173 *An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.*

178 *Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.*

93. The Tribunal concluded that the serious nature of the dishonesty on the part of Dr Zahid represented a significant departure from the basic tenet of GMP. Therefore, it would be inappropriate to allow Dr Zahid's registration to remain unrestricted or for him to return to practice at any level during the duration of any potential appeal.

94. The Tribunal was of the opinion that public confidence in the profession and the wider public interest would be undermined were an immediate order not imposed in this case.

95. The Tribunal therefore determined to impose an immediate order of suspension on Dr Zahid's registration.

96. This means that Dr Zahid's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

97. The interim order is hereby revoked.