

PUBLIC RECORD

Date: 28/03/2025

Doctor: Dr Shehzada NAZIR

GMC reference number:	4220080
Primary medical qualification:	MB ChB 1995 University of Liverpool
Type of case	Outcome on impairment
XXX	XXX
Misconduct	Impaired

Summary of outcome

Suspension for 12 months

Tribunal/Legally Qualified Chair:

Legally Qualified Chair:	Mrs Tehniat Watson
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Review on the Papers

This case was reviewed on the papers, with the agreement of both parties, by a Legally Qualified Chair.

Overarching Objective

Throughout the decision making process the chair 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.

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Review on the papers by a Legally Qualified Chair of a direction under section 35(D)(5)

1. I have noted the background to Dr Nazir's case, which was first considered by a Fitness to Practise Medical Practitioners Tribunal in April 2024. Dr Nazir had not attended that hearing but had been represented through his counsel. At the time of the events (2020) Dr Nazir was practising as a Locum GP working for Compass, an enterprise which provides consultations to patients who have been refused treatment by traditional GP services due to behavioural issues.
2. The April 2024 Tribunal considered the allegations faced by Dr Nazir, which had all been admitted by him. The Tribunal accordingly found proved, that on 31 January 2020, Dr Nazir undertook a telephone consultation with Patient A during which he failed to adequately assess them and had made inappropriate comments to the patient. Dr Nazir had also failed to provide Patient A with a clear follow up plan or safety netting advice and failed to take necessary action to ensure his patient's safety, and the safety of third parties. Following the consultation, Dr Nazir also failed to make adequate or accurate records including a failure to record that Patient A was having suicidal thoughts. XXX.
3. The April 2024 Tribunal considered the submissions on behalf of the GMC XXX. It had also considered submissions on behalf of Dr Nazir, that the doctor's conduct on 31 January 2020 was inextricably linked to XXX.
4. The April 2024 Tribunal determined there to be clear evidence of XXX.
5. The 2024 Tribunal had also considered that Dr Nazir's conduct itself (in relation to paragraph 1 of the Allegation), was serious and amounted to misconduct. It stated that '*of particular concern were the misogynistic views he had expressed and the failure to appreciate, act upon and record Patient A's comments regarding his own welfare and threats to members of the medical profession*'. It had determined that Dr Nazir's conduct had seriously departed from the fundamental tenets of Good Medical Practice. The 2024 Tribunal also considered whether XXX mitigated the seriousness of the misconduct. It had borne in mind the evidence XXX. It also stated that Dr Nazir's written medical record, made near immediately following the consultation, read as coherent and cogent, however, in many significant and serious ways was divergent from what actually

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occurred, as it stated was evident by the recording and transcript of the consultation. It determined that despite any mitigating influence XXX, his conduct fell so far short of the standards reasonably to be expected of a doctor so as to amount to serious misconduct.

6. The 2024 Tribunal had remained mindful of the Overarching Objective and had regard to Dr Nazir's insight and remediation and the risk of repetition. It stated that due to Dr Nazir's misconduct, there had been significant past risk to a patient, other members of the public and health care professionals. It had taken the view that this was most clearly illustrated by Dr Nazir's failure to act upon or record Patient A's comments as regard his expressed thoughts of serious harm to himself and others. XXX. Accordingly, the 2024 Tribunal determined that a finding of impairment was necessary in relation to each of the three limbs of the Overarching Objective.
7. Overall, the 2024 Tribunal found Dr Nazir's fitness to practise to be impaired by reason of misconduct XXX. That tribunal determined to suspend Dr Nazir's registration for a period of 12 months to allow Dr Nazir sufficient time to gain insight into his misconduct XXX. That tribunal also directed a review hearing.
8. In order to provide assistance at this review the tribunal at the previous hearing recommended that Dr Nazir provide evidence that XXX. It stated that this may include demonstrating that he has remediated his misconduct and addressed the underlying source of the misogynistic and unprofessional views he expressed when 'XXX'.
9. Dr Nazir and the GMC have agreed that this review should be considered on the papers in accordance with Rule 21B of the General Medical Council (Fitness to Practise) Rules 2004. They have provided agreed terms of an order which I could make at this review.
10. I have considered all of the evidence presented to me, and the submissions made by the GMC. No submission was provided by Dr Nazir but it is noted that he had signed an agreement form dated 11 March 2025 which details that the parties agree that Dr Nazir's fitness to practise remains impaired by reason of XXX misconduct and the order of suspension currently imposed shall be extended for a further period of 12 months from the date on which it would otherwise expire. I have also noted the GMC submission that an email dated 16 January 2025 was received from Dr Nazir's legal representative stating

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that the doctor wished to apply for voluntary erasure in advance of their review hearing. Further, I have seen a letter dated 23 January 2025 from Dr Nazir's legal representative confirming that Dr Nazir would agree to a continuation of his current suspension and that he has no further evidence to submit at this time. XXX.

11. I have also considered GMC's further submission that XXX, Dr Nazir remains impaired by reason of XXX misconduct and seek an order to extend the suspension by a period of twelve months.
12. I have taken into account that since the previous order was made, XXX.
13. XXX
14. I am mindful of the concessions made by Dr Nazir in respect of his fitness to practise. In light of XXX, and no other information or evidence to the contrary, I do find that the concerns of the previous 2024 Tribunal have not been allayed. In the absence of positive change in respect of XXX and no further information in respect of his insight or remediation, I consider there to be a high risk of repetition of the conduct and find Dr Nazir's fitness to practise remains impaired by reason of his XXX misconduct. As such, I conclude that a finding that Dr Nazir's fitness to practise remains impaired is necessary for public protection and in the public interest. Further, I am of the view that a finding of impairment is necessary in order to promote and maintain proper professional standards and conduct for members of the profession.
15. In reaching my decision, I have taken account of the Sanctions Guidance. I have borne in mind that the purpose of the sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.
16. I have applied the principle of proportionality, weighing Dr Nazir's own interests with the public interest. The public interest includes amongst other things, the protection of patients, the maintenance of public confidence in the profession, and declaring and upholding of proper standards of conduct and behaviour.

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17. I am satisfied that a period of suspension is proportionate and would be sufficient to protect the public and the public interest. I have therefore determined that Dr Nazir's registration be suspended for a period of 12 months.
18. In reaching this decision, I have noted that the 2024 Tribunal considered paragraphs 97 (a) and XXX to be relevant. They remain relevant at present. I consider that whilst the conduct is a serious departure from Good Medical Practice, 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. In making my decision, I have also considered XXX.
19. I have also considered paragraphs 100 and 101 of the Sanctions Guidance, as did the 2024 Tribunal and consider that they have continued application. Whilst I am mindful of the contents of the letter dated 23 January 2025 from Dr Nazir's legal representatives, I consider that a period of 12 months suspension would allow time for Dr Nazir to engage XXX and remediate should he wish to do so.
20. I have also determined to direct a review of Dr Nazir's case which will convene shortly before the end of the period of suspension. The onus will be on Dr Nazir, if he so wishes, to demonstrate how he has XXX and remediated and gained insight into his past misconduct. It therefore may assist any reviewing tribunal if Dr Nazir, should he wish to do so, provide evidence that he has XXX. Further, that he has developed insight XXX.
21. I have accordingly directed to suspend Dr Nazir's registration for 12 months and for a review hearing to be convened shortly before the end of the period of suspension. The MPTS will send Dr Nazir a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current order of suspension will remain in place during the appeal period.
22. Notification of this decision will be served on Dr Nazir in accordance with the Medical Act 1983, as amended.