PUBLIC RECORD

Dr Safdar has lodged an appeal against decisions of this Tribunal. His registration remains suspended while the appeal is considered.

Dates: 04/02/2025 - 24/02/2025

Doctor:	Dr Touseef SAFDAR
GMC reference number:	6078741
Primary medical qualification:	MD 2003 Semmelweiss Orvostudomanyi Egyetem

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Miss Samantha Gray
Lay Tribunal Member:	Dr Caroline Friendship
Registrant Tribunal Member:	Dr Bridget Langham

Tribunal Clerk:	Ms Ciara Fogarty

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Anthony Haycroft, Counsel, instructed by Weightmans
GMC Representative:	Mr Jeremy Lasker, Counsel

Attendance of Press / Public

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

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 - 18/02/2025

1. This determination will be handed down in private. However, as this case concerns Dr Safdar's misconduct a redacted version will be published at the close of the hearing.

Background

2. Dr Safdar qualified in 2003 from Semmelweiss Orvostudomanyi Egyetem. Dr Safdar qualified in 2009 as a GP, prior to the events which are the subject of the hearing. From 2022 Dr Safdar practiced as a locum GP . At the time of the events Dr was practising as a single handed GP.

3. The allegation that has led to Dr Safdar's hearing can be summarised as in November 2018, February 2019 and March 2019, Dr Safdar was dishonest in written and/or oral evidence that he gave during XXX.

The Outcome of Applications Made during the Facts Stage

4. The Tribunal granted the GMC's application, made pursuant to Rule 41(2) of the General Medical Council (Fitness to Practise) Rules 2004, as amended ('the Rules'), for the hearing to be held partly in private. Mr Lasker, counsel for the GMC, submitted the hearing should be held in private when XXX ('The Procedure') is discussed.

5. The Tribunal granted the application XXX.

The Allegation and the Doctor's Response

6. The Allegation made against Dr Safdar is as follows:

1. On 20 November 2018 you signed a statement of truth on a witness statement intended for use in court proceedings and you:

    a. included the following wording in the witness statement:

        i. 'The abuse [Ms A] alleges is so stereotypical and strange that I in fact found one of her own manuals from a [XXX] training session she hosted [XXX] ['the Training'] and which I attended'; ***Admitted and found proved***

        ii. 'I refer to case study 5. The case study is so similar to the allegations [A] is making against me. [XXX]'; ***Admitted and found proved***

    b. exhibited to the witness statement:

        i. materials provided by Ms A for the Training ('the Materials'); ***Admitted and found proved***

        ii. purportedly as part of the Materials, a document entitled 'Case Study 5'. ***Admitted and found proved***

2. When you signed the witness statement referred to at paragraph 1 you knew that:

    a. Case Study 5 was not one of the case studies included in the Training; ***To be determined***

    b. your insertion of Case Study 5 into the Materials was intended to give the false impression that Case Study 5 was part of the Training; ***To be determined***

    c. inserting Case Study 5 into the Materials would potentially aid your defence of allegations Ms A had made against you XXX. ***To be determined***

3. Your conduct at paragraph 1 was dishonest by reason of paragraph 2. ***To be determined***

4. On 26 February 2019 you were interviewed by a XXX adviser and stated that Ms A had XXX the procedure detailed in Confidential Schedule 1 ('the Procedure'). ***Admitted and found proved***

5. On or around 25 March 2019 you completed a XXX form with the name outlined in Confidential Schedule 2 ('the Form') and you stated on the form 'it was apparent to me that [Ms A] had [XXX] [the Procedure]'. ***Admitted and found proved***

6. When you:

    a. made the statement referred to at paragraph 4:

    b. completed the Form;

you knew that:

i. Ms A had not XXX the Procedure; ***To be determined***

ii. making the statement and/or completing the form could potentially benefit your applications in the XXX proceedings and/or undermine Ms A's evidence in the same proceedings. ***To be determined***

7. Your conduct at paragraphs 4 and 5 were dishonest by reason of paragraph 6. ***To be determined***

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

7. At the outset of these proceedings, through his counsel, Mr Anthony Haycroft, Dr Safdar made admissions to a number of paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the Rules. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

8. In light of Dr Safdar's response to the Allegation made against him, the Tribunal was required to determine the remaining paragraphs and sub-paragraphs.

Witness Evidence

9. The Tribunal received evidence on behalf of the GMC from the following witnesses:

- Ms A, in person
- Dr B ('Dr B'), Consultant XXX, via video link
- Dr C, Consultant XXX, via video link

10. The Tribunal also received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Dr E, GP Partner
- Dr F, GP Partner

11. Dr Safdar provided his own witness statement dated 12 December 2024 and gave oral evidence at the hearing.

Documentary Evidence

12. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:

- XXX witness statement of Ms A dated 8 November 2018
- XXX witness statement of Ms A dated 27 May 2019
- XXX
- XXX
- XXX witness statement of Dr Touseef Safdar dated 20 November 2018
- Dr E training notes
- Dr E Certificate of Attendance XXX training dated XXX
- XXX
- XXX witness statement of Dr Touseef Safdar dated 7 May 2019
- XXX
- XXX
- Letter to Ms A from Dr C dated 30 April 2019
- Order of Her Honour Judge H dated 6 June 2019
- XXX
- Letter from Ms A's GP dated 15 May 2019
- XXX Workshop pack

The Tribunal's Approach

13. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Safdar does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred.

14. The Tribunal has taken into account the legal advice received by the Legally Qualified Chair. In particular, the test to be applied in respect of the allegations concerning dishonesty. The Tribunal noted that they were to apply the test set out in the matter of *Ivey v Genting Casinos Ltd [2017] UKSC 67.* This is a two-limb test:

- The Tribunal must first ascertain (subjectively) the state of the individual's knowledge or belief as to the facts at the relevant time. The reasonableness of the belief is a matter of evidence going to whether he genuinely held the belief, but it is not a requirement that the belief must be reasonable;

- Secondly, once the state of mind is determined, the tribunal must then consider whether the conduct was dishonest by the (objective) standards of ordinary decent people. There is no requirement that the individual must appreciate that what they have done was, by those standards, dishonest.

15. The Tribunal was also reminded that when considering the test for dishonesty, the objective standards of ordinary and decent people must involve the expectation that registered professionals will have at least some regard to the professional standards under which they are required to operate, pursuant to a system of regulation that is designed to protect the public.

The Tribunal's Analysis of the Evidence and Findings

16. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.

Paragraph 2(a,b,c)

17. The Tribunal first reminded itself that Dr Safdar admitted paragraph 1 in its entirety in that on 20 November 2018 he signed a statement of truth on a witness statement intended for use in XXX.

18. The Tribunal had regard to Dr Safdar's witness statement in these proceedings, which read,

> *''In the days after receiving Ms A's statement of 8 November 2018, I began to prepare my statement of 20 November 2018. During this period, I recall finding a hard copy of this Case Study [XXX] and reading it. When reading Ms A's allegations, I was struck by how similar they sounded to this Case Study. I understand that this Case Study did not make its way into the PowerPoint, however this does not mean it never existed.''*

19. The Tribunal noted that throughout proceedings Ms A was adamant that Case Study 5 was neither written by her or at any time formed part of the XXX course she prepared and delivered XXX ('the Course'). The Tribunal accepted her evidence in this regard. The Tribunal determined that Ms A's testimony was supported by the evidence of Dr E and Dr F, which was not challenged by Dr Safdar, that only four case studies were presented at the Course and set out within the Materials.

20. The Tribunal had regard to the agreed fact document in relation to the various forensic reports provided by Dr Safdar and accepted the neutral position taken, which read,

> *''Case studies 1-5 have all been examined by 2 forensic document examiners and a forensic linguistic expert. All 3 experts, from their different disciplines, agree that they are each unable to determine whether Case Study 5 was authored by the same or a different person to Case Studies 1 - 4.''*

21. The Tribunal considered all of Dr Safdar's evidence. The Tribunal noted that in his witness statement dated 20 November 2018 prepared for the purpose of XXX Dr Safdar stated,

> *''The abuse she alleges is so stereotypical and strange that I in fact found one of her own manuals from a [XXX] training session that she hosted [XXX] and which I attended. I refer [XXX] to exhibit ''TS4'' which is a copy of the course manual and also confirmation that I would be attending. I refer [XXX] to case study 5. The case study is so similar to the allegations Ms A is making against me. [XXX] These are all things that Ms A alleges against me and which are all completely untrue. I believe that Ms A has cleverly made up allegations, [XXX]. Ms A has used inflammatory language to distract [XXX] from looking at the true facts.''*

22. Furthermore, the Tribunal also considered the witness statement Dr Safdar provided in these proceedings. Within that statement Dr Safdar explained to the Tribunal how he discovered the document he then sought to rely on in XXX namely Case Study 5.

> *''In the days after receiving Ms A's statement of 8 November 2018, I began to prepare my statement of 20 November 2018. During this period, I recall finding a hard copy of this Case Study [XXX] and reading it. When reading Ms A's allegations, I was struck by how similar they sounded to this Case Study. I understand that this Case Study did not make its way into the PowerPoint, however, this does not mean it never existed.''*

23. In his oral evidence Dr Safdar also told the Tribunal that XXX it was his evidence that when looking through these papers he found Case Study 5 and that one of the folders contained the Materials.

24. The Tribunal noted that the GMC had not submitted sufficient evidence to suggest how Case Study 5 had come into being other than Ms A had categorically not prepared it.

25. The Tribunal considered paragraphs 2(a-c) of the Allegation and weighed up all the evidence in the round. It was not satisfied that the GMC had discharged its burden of proof that Dr Safdar knew that when he signed the statement on 20 November 2018 that Case Study 5 was not one of the case studies included in the training, that the insertion of Case Study 5 into the Materials was intended to give the false impression that Case Study 5 was part of the training and that it's insertion would potentially aid XXX.

26. The Tribunal determined, on balance of probabilities, that the GMC had not proven its case regarding paragraph 2(a) to 2(c) of the Allegation.

Paragraph 3

27. As paragraph 2 of the Allegation was not found proved, the Tribunal also determined that paragraph 3 of the Allegation was not proved.

Paragraph 6(bi), (bii)

28. The Tribunal noted that Dr Safdar's position had shifted. It had regard to his oral evidence, in which he stated that, at the relevant time he should have said that he believed Ms A had XXX the Procedure, rather than asserting he knew she had XXX the Procedure.

29. Furthermore, the Tribunal noted that throughout his written and oral evidence Dr Safdar's position was inconsistent as to when his concerns started XXX.

30. XXX

31. XXX

32. XXX

33. The Tribunal considered that in reading the evidence as a whole, XXX reflects Dr Safdar's thought process XXX. Accordingly, it determined that in or around January 2017 it was apparent that Dr Safdar was concerned about whether Ms A had XXX the Procedure.

34. However, the Tribunal noted that in oral evidence Dr Safdar's evidence as to when he became concerned as to whether Ms A had XXX the Procedure was inconsistent. XXX The Tribunal considered that this evidence was inconsistent with Dr Safdar's written evidence both in relation to the Application and to this Tribunal.

35. Conversely, the Tribunal found Ms A's evidence in relation to the Procedure to be consistent and reliable. At all times, Ms A denied having XXX the Procedure. Furthermore, the Tribunal considered that her evidence regarding XXX was consistent with the evidence of Dr B and Dr C.

36. The Tribunal noted that whilst Dr B and Dr C did not provide expert evidence to the Tribunal, they were compelling witnesses. Each were experienced XXX Furthermore, Dr B had been the treating consultant and was able to give evidence as to what she saw during her examination of Ms A.

37. XXX

38. XXX

39. XXX

40. XXX

41. XXX

42. Taking the evidence of Ms A, Dr B and Dr C in account the Tribunal considered Dr Safdar's evidence in relation to XXX to be unreliable. XXX

43. After consideration of all the evidence, the Tribunal determined that there was no evidence of XXX

44. Therefore, the Tribunal determined that it was more likely than not that at the time Dr Safdar made the statement referred to at paragraph 4 of the Allegation and completed the Form referred to at paragraph 5 of the Allegation, he knew that Ms A had not XXX the Procedure. The Tribunal therefore determined 6(bi) as proved.

45. The Tribunal noted that in making the Application in 2019, in the knowledge that Ms A had not XXX the Procedure, it could only have been made to either benefit himself or, alternatively, damage or undermine Ms A. XXX

46. As the Tribunal found Dr Safdar could not have reasonably believed at the time that XXX, the Tribunal determined the only plausible explanation was to potentially benefit Dr Safdar's Applications in XXX and or to undermine Ms A's evidence in the same proceedings. XXX

47. Accordingly, the Tribunal determined paragraph 6(bii) of the Allegation as proved.

Paragraph 7

48. In relation to this aspect of the Allegation, the Tribunal accepted the advice of the Legally Qualified Chair that it should apply the test for dishonesty set out in *Ivey v Genting Casinos.* The Tribunal first considered Dr Safdar's state of mind to his knowledge or belief of the facts. On the basis that the Tribunal had determined that there was no evidence that Ms A had XXX the Procedure and that XXX it was inconceivable that Dr Safdar had seen what he described in his evidence. Accordingly, the Tribunal determined that Dr Safdar could not have genuinely held the belief that he believed Ms A had XXX the Procedure at the time of the Application.

49. Having established the state of Dr Safdar's knowledge at the time of the Application, the Tribunal went on to apply the second stage of the test set out in *Ivey* and considered whether by the standards of ordinary, decent people, Dr Safdar's conduct was dishonest.

50. The Tribunal determined that Dr Safdar's conduct, knowing Ms A could not have been subjected to the Procedure, yet making an application XXX to say that she had, would be regarded as dishonest by the standards of ordinary decent people.

51. Accordingly, the Tribunal found paragraph 7 proved.

The Tribunal's Overall Determination on the Facts

52. The Tribunal has determined the facts as follows:

1. On 20 November 2018 you signed a statement of truth on a witness statement intended for use in XXX and you:

    a. included the following wording in the witness statement:

        i. 'The abuse [Ms A] alleges is so stereotypical and strange that I in fact found one of her own manuals from a [XXX] training session she hosted [XXX] ['the Training'] and which I attended'; ***Admitted and found proved***

        ii. 'I refer to case study 5. The case study is so similar to the allegations [A] is making against me. [XXX]'; ***Admitted and found proved***

    b. exhibited to the witness statement:

        i. materials provided by Ms A for the Training ('the Materials'); ***Admitted and found proved***

        ii. purportedly as part of the Materials, a document entitled 'Case Study 5'. ***Admitted and found proved***

2. When you signed the witness statement referred to at paragraph 1 you knew that:

    a. Case Study 5 was not one of the case studies included in the Training; ***Not proved***

    b. your insertion of Case Study 5 into the Materials was intended to give the false impression that Case Study 5 was part of the Training; ***Not proved***

    c. inserting Case Study 5 into the Materials would potentially aid your defence of allegations Ms A had made against you in the XXX. ***Not proved***

3. Your conduct at paragraph 1 was dishonest by reason of paragraph 2. ***Not proved***

4. On 26 February 2019 you were interviewed by a XXX adviser and stated that Ms A had XXX the procedure detailed in Confidential Schedule 1 ('the Procedure'). ***Admitted and found proved***

5. On or around 25 March 2019 you completed a XXX form with the name outlined in Confidential Schedule 2 ('the Form') and you stated on the form 'it was apparent to me that [Ms A] had [XXX] [the Procedure]'. Admitted and found proved

6. When you:

a. made the statement referred to at paragraph 4:

b. completed the Form;

you knew that:

i. Ms A had not XXX the Procedure; ***Determined and found proved***

ii. making the statement and/or completing the form could potentially benefit your applications in the court proceedings and/or undermine Ms A's evidence in the same proceedings. ***Determined and found proved***

7. Your conduct at paragraphs 4 and 5 were dishonest by reason of paragraph 6. ***Determined and found proved***

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

Determination on Impairment - 20/02/2025

53. The Tribunal now has to decide in accordance with Rule 17(2)(l) whether, on the basis of the facts which it has found proved as set out above, Dr Safdar's fitness to practise is impaired by reason of misconduct.

The Evidence

54. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, the Tribunal received further evidence in the form of a stage 2 bundle from Dr Safdar. The bundle enclosed:

- Appraisals dated 2023-2025
- Statement of Ms I dated 12 December 2024
- Statement of Mr J dated 17 December 2024
- Testimonial Letter, Dr K dated 9 February 2025
- Testimonial Letter, Mr L dated 11 February 2025
- Dr Safdar's current work and Future plans
- CPD Certificates dated 2023-2025

Submissions

55. On behalf of the GMC, Mr Jeremy Lasker, submitted that the fundamental dishonesty of this case was not admitted by Dr Safdar. Mr Lasker reminded the Tribunal it had heard evidence from two professional witnesses, Dr B and Dr C, that have allowed the Tribunal to reach the conclusion that Ms A had not XXX the Procedure.

56. Mr Lasker reminded the Tribunal that paragraphs 4 and 5 are formally admitted by Dr Safdar. He submitted that in February and March 2019, when Dr Safdar first raised the matter of the Procedure in conversations with XXX and in the Application, he was painting a false picture and giving a false portrayal of the circumstances to support his assertion that Ms A had XXX the Procedure to bolster a false allegation.

57. Mr Lasker invited the Tribunal to consider the issues of misconduct, and then impairment on the basis of the facts that the Tribunal has found proved. He invited them to consider that its findings amount to serious misconduct. In relation to impairment of the doctor's fitness to practise, Mr Lasker reminded the Tribunal of its requirement to consider the Overarching Objective and submitted that limbs two and three are engaged for the purposes of these proceedings.

58. Mr Lasker submitted on the basis of the facts found proved it is established Dr Safdar's dishonest conduct does amount to serious misconduct and that his fitness to practice is impaired. He submitted Dr Safdar has departed from the principles in Good Medical Practice (2013) ('GMP'), namely paragraphs 65, 71 and 72:

> ***65*** *You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*
>
> ***71*** *You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.*
>
> ***a*** *You must take reasonable steps to check the information is correct.*
> ***b*** *You must not deliberately leave out relevant information.*
>
> ***72*** *You must be honest and trustworthy when giving evidence to courts or tribunals. You must make sure that any evidence you give or documents you write or sign are not false or misleading.*
>
> ***a*** *You must take reasonable steps to check the information is correct.*

b You must not deliberately leave out relevant information

59. Mr Lasker submitted that Dr Safdar is an experienced GP with an unblemished clinical practise. Mr Lasker referred the Tribunal to the appraisal forms contained within the bundle and noted that there is a reference to a patient making a complaint. He stated that the GMC accept that this is not a proven complaint and submitted that the Tribunal can properly approach its determination at this stage on the basis that Dr Safdar is nothing other than a proficient, good and experienced doctor. Mr Lasker submitted it is a proven fact that Dr Safdar has suffered substantially in his professional career since these matters were investigated by the GMC. However, he submitted that this was not a factor to be considered by the Tribunal.

60. Mr Lasker submitted the matters found proved at paragraphs 6 and 7 may well have arisen from XXX. Mr Lasker reminded the Tribunal of its findings at the facts stage. The untruthful and dishonest assertions put forward by Dr Safdar against Ms A strike at the heart of the overarching objective. Mr Lasker submitted that whilst Dr Safdar did not give evidence in XXX, the fact that he prepared and served XXX documents, containing a statement of truth, is no less serious. Mr Lasker submitted Dr Safdar's intention was to undermine Ms A's position in a private and professional capacity.

61. Mr Lasker reminded the Tribunal that the false allegations were first made by Dr Safdar on 26 February 2019, re-stated in the Application made by him on 25 March 2019, and effectively maintained by him until 6 June 2019 when he withdrew the Application. Mr Lasker further submitted that it was the GMC's position that Dr Safdar has continued to maintain that he believes Ms A was XXX throughout these proceedings and has given evidence to that effect. Mr Lasker reminded the Tribunal that it had not accepted Dr Safdar's evidence on this matter. Mr Lasker invited the Tribunal to consider whether or not Dr Safdar really does have an understanding of the importance of being honest that goes beyond being merely theoretical.

62. Mr Lasker submitted the issue of insight is a matter for the Tribunal's assessment. He referred the Tribunal to the case of *Professional Standards Authority v. Health and Care Professionals and Doree (2017) EWCA Civ 319* in which Lord Justice Lindblom stated that whether a registrant has shown insight into his misconduct and how much insight he has shown are classically matters of fact and judgement for the professional disciplinary committee. Mr Lasker then referred the Tribunal to the case of *Cheatle v General Medical Council [2009] EWHC 645 (Admin*) (27 March 2009) in which it was found that there must be a finding of serious misconduct and thereafter, the Tribunal must conclude that, as a result of the misconduct, the doctor's fitness to practise is impaired.

63. Mr Lasker submitted that in reaching a conclusion on impairment, the authorities make clear that the Tribunal must look forward, it must consider whether, in the light of what happened, and of the evidence as to the doctor's conduct and ability, demonstrated both before and after the misconduct, fitness to practise is impaired by the particular events.

64. Mr Lasker submitted that not only did Dr Safdar's conduct amount to misconduct, which was serious, but that a finding of current impairment should be made.

65. On behalf of Dr Safdar, Mr Anthony Haycroft firstly referred the Tribunal to the case of *Remedy UK v GMC 2010 EWHC 1245* in which it found ''Misconduct" being conduct regarded as "deplorable" by fellow practitioners and amounting to "serious" misconduct or misconduct falling far below standard.

66. Mr Haycroft submitted that it is accepted that findings regarding paragraphs 6 and 7 of the Allegation amounts to misconduct.

67. Mr Haycroft submitted that it is accepted that the misconduct amounts to impairment on public interest grounds, namely under the second and third limbs of the overarching objective as any dishonesty needs to be marked by a finding of impairment.

68. Mr Haycroft directed the Tribunal to the case of the case of *Cohen v GMC [2008] EWHC 581* where the court said "*it must be highly relevant in determining if a doctor's fitness to practise is impaired that first his or her conduct which led to the charge is easily remediable, second it has been remedied and third that it is highly unlikely to be repeated."*

69. Mr Haycroft invited the Tribunal to carefully consider the issues of insight and risk of repetition. Mr Haycroft referred the Tribunal to the Sanctions Guidance (February 2024) (SG), in particular paragraphs 45 and 46:

> ***45*** *Expressing insight involves demonstrating reflection and remediation.*
>
> ***46*** *A doctor is likely to have insight if they:*
> ***a*** *accept they should have behaved differently (showing empathy and understanding)*
> ***b*** *take timely steps to remediate (see paragraphs 31–33) and apologise at an early stage before the hearing*
> ***c*** *demonstrate the timely development of insight during the investigation and hearing.*

70. My Haycroft submitted Dr Safdar notes and respects the Tribunal's Facts Determination even though he contested what has been found proven. However, he submitted that the case law makes it clear that this is not necessarily a lack of insight as insight should not be confused with acceptance of "guilt". Mr Haycroft referred the Tribunal to *Karwal v GMC [2011] EWCA 826*, and *Yusuff v General Medical Council [2018] EWHC 13 (Admin),*it was stated in *Sawati v GMC [2022] EWHC (Admin) 283:*

> *94. The High Court recently reviewed the principles to be derived from the 'rejected defence' authorities on the question of ' denial of allegations, insight and sanctions ' in Sayer v General Osteopathic Council [2021] EWHC 370 (Admin) at paragraph 25 as follows:*
> *(1) Insight is concerned with future risk of repetition. To this extent, it is to be distinguished from remorse for the past conduct.*
> *(2) Denial of misconduct is not a reason to increase sanction.*
> *(3) It is wrong to equate maintenance of innocence with lack of insight. Denial of misconduct is not an absolute bar to a finding of insight. Admitting misconduct is not a condition precedent to establishing that the registrant understands the gravity of the offending and is unlikely to repeat it.*
> *(4) However, attitude to the underlying allegation is properly to be taken into account when weighing up insight. Where the registrant continues to deny impropriety, that makes it more difficult for him to demonstrate insight.*
> *(5) The assessment of the extent of insight is a matter for the tribunal, weighing all the evidence and having heard the registrant. The Court should be slow to interfere.*

71. Mr Haycroft submitted that whilst Dr Safdar denied the relevant paragraphs, he did through his witness statement, via Counsel and in evidence, apologise to Ms A if she had not XXX. He submitted this shows some insight as does his acceptance of current impairment. Mr Haycroft submitted Dr Safdar knows what is right and wrong and knows that dishonest conduct should not occur and that the misconduct found proven in this case is serious. Mr Haycroft submitted Dr Safdar has insight in that regard.

72. Mr Haycroft submitted that there are a number of factors militating against any such risk of repetition. He submitted Dr Safdar has lost a significant amount as a result of these proceedings. He explained to the Tribunal that Dr Safdar had been suspended for a period of 2 years and 9 months. The suspension was made, initially, due to an error of the police regarding his bail and then suspension continued pending an allegation that he was working whilst suspended, which ultimately was not found proven. Mr Haycroft stated that as a result of the suspension, Dr Safdar had lost his practice of 13 years and was now working as a locum GP when he can. Mr Haycroft also submitted that Dr Safdar had, during this period, been

interviewed by the police twice in respect of allegations made against him, with a threat of prosecution hanging over him, but was never charged.

73. Mr Haycroft submitted as a result of his adverse experiences, Dr Safdar is highly unlikely to place himself in any position whereby allegations may be made against him in the future.

74. Secondly, Mr Haycroft submitted these matters are wholly unconnected to Dr Safdar's position as a doctor but result from XXX. XXX. Mr Haycroft further submitted that the testimonial evidence now before the Tribunal demonstrates that Dr Safdar has no character flaw in respect of dishonesty and probity. He submitted that overall, there is no real risk of repetition.

The Relevant Legal Principles

75. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.

76. The Tribunal must determine whether Dr Safdar's fitness to practise is impaired today, taking into account Dr Safdar's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and there is any likelihood of repetition.

77. The Tribunal reminded itself of the case law set out in the submissions made on behalf of the GMC and Dr Safdar and in the advice provided by the Legally Qualified Chair.

78. The Tribunal were advised to consider the guidance in the case of *Sawati v GMC [2022] EWHC 283 (Admin)* which considered how a Tribunal should approach a rejected defence when considering the issue of insight and impairment. In particular:

> *'109. ... it needs to remind itself of Lord Hoffmann's starting place that doctors are properly and fairly entitled to defend themselves, and may then find it helpful to think about four things:*
> *(i) how far state of mind or dishonesty was a primary rather than second-order allegation to begin with (noting the dangers of charging traps) – or not an allegation at all;*
> *(ii) what if anything the doctor was positively denying other than their own dishonesty or state of knowledge;*
> *(iii) how far 'lack of insight' is evidenced by anything other than the rejected defence; and*

(iv) the nature and quality of the defence, identifying clearly any respect in which it was itself a deception, a lie or a counter-allegation of others' dishonesty.'

The Tribunal's Determination on Impairment

Misconduct

79. In determining whether Dr Safdar's fitness to practise is impaired by reason of misconduct the Tribunal first considered whether the facts found proved amount to misconduct.

80. The Tribunal accepted Mr Lasker's submission that paragraphs 65, 71 and 72 of GMP were engaged.

81. The Tribunal had regard to the facts found proved that can be summarised as; in February 2019 and March 2019, Dr Safdar was dishonest in his statements made to the XXX officer and in the written evidence that he submitted during XXX. In that evidence he stated to a XXX officer that Ms A had XXX the Procedure and he completed the Application with a supporting statement saying '*it was apparent that Ms A had [XXX] the Procedure'*. This postion was maintained until June 2019. The Tribunal noted that he repeated and expanded on the allegations regarding the Procedure between February 2019 and June 2019 in statements made to XXX, whilst at all times he knew them to be false, and only withdrew them when faced with the incontravertable evidence of Dr B.

82. The Tribunal considered that Dr. Safdar had exploited his position as a doctor to lend credibility to false assertions during XXX. The Tribunal noted that Dr Safdar had deliberately used language and medical terms to lend credibility to allegations that he knew to be false and could only have been made to further his own position within the XXX proceedings. XXX The Tribunal are of the view Dr Safdar omitted to use the correct medical term in any of his statements. The Tribunal, having found that the Application had no genuine purpose of XXX, could only have been made to undermine Ms A both personally and professionally. The Tribunal found this conduct to be deplorable, constituting serious misconduct and falling far below the standard expected of a medical professional.

83. While acknowledging that Dr. Safdar was of previous good character, the Tribunal considered the evolving false narrative of Ms A XXX was a pattern of fabrication. It considered that he had multiple opportunities to correct his dishonesty but failed to do so.

84. For the above reasons, the Tribunal considered that overall, Dr Safdar's conduct clearly met the threshold of serious misconduct. The Tribunal considered that honesty, trustworthiness and integrity are fundamental tenets of the medical profession. The Tribunal considered Dr Safdar's misconduct would be regarded as deplorable by fellow practitioners and by members of the public alike.

85. The Tribunal noted that Dr Safdar's misconduct had not resulted in any harm to patients. It noted Dr Safdar is regarded as a competent and good clinician.

86. In conclusion, the Tribunal determined that Dr Safdar's conduct fell sufficiently short of the standards reasonably to be expected of a doctor as to amount to serious misconduct.

Impairment

87. Having found that the facts found proved amounted to serious misconduct, the Tribunal went on to consider whether, as a result of that misconduct, Dr Safdar's fitness to practise is currently impaired.

88. In determining whether a finding of impairment is necessary, the Tribunal was mindful throughout of the overarching objective and had regard to Dr Safdar's insight, remediation, and the likelihood of repetition.

89. The Tribunal had regard to paragraph 76 of the judgment in *CHRE v NMC & Paula Grant [2011] EWHC 927 (Admin),* in which Mrs Justice Cox set out the helpful and comprehensive approach of Dame Janet Smith in her fifth Shipman Report when determining current impairment.

90. The Tribunal was of the view that the misconduct found proved was a breach of the fundamental tenets of the medical profession and had brought the profession into disrepute. Further, the Tribunal considered Dr Safdar's dishonest conduct to be damaging to public confidence in the profession.

91. The Tribunal acknowledged that Dr Safdar demonstrated good clinical abilities and did not pose a risk to public protection. However, it recognised that his dishonesty would have caused significant distress to Ms A and had the effect of undermining XXX.

92. The Tribunal noted Mr Haycrofts submission that Dr. Safdar would be unlikley to repeat such conduct. However, the Tribunal noted a lack of meaningful reflection or remediation of his dishonesty. In considering *Sawati*, the Tribunal emphasised that his

dishonesty was central to his misconduct, as it was a deliberate act of deception intended to cause harm.

93. Furthermore, the Tribunal considered Dr Safdar's apologies to Ms A made during these proceedings. It noted that it was submitted that these apologies demonstrated insight. However, the Tribunal noted Dr Safdar's evidence with regard to whether Ms A had XXX the Procedure. In particular, in his witness statement he suggested to the Tribunal that in June 2019 following receipt of evidence he was "reassured" about the Procedure and withdrew the Application:

'[XXX]"

94. However, the Tribunal noted that in spite of Dr Safdar stating he had reassurance on the point in June 2019 he stated in oral evidence to the Tribunal that, whilst he accepted the evidence of Dr B in 2019, whether or not Ms A had XXX the Procedure was "*...still up in the air".*

95. The Tribunal found that Dr Safdar had always been aware that Ms A had not XXX the Procedure. Therefore, it concluded that his apologies, framed conditonally on the continued possibility XXX, held little weight with regards to demonstrating insight.

96. It observed that Dr Safdar's remediation efforts primarily consisted of CPD, with no targeted steps taken to address concerns about his dishonesty. The Tribunal concluded that his actions had the potential to erode trust not only in Ms A, but also in the public and the medical profession as a whole.

97. The Tribunal noted that there was no evidence before it to demonstrate how Dr Safdar may behave in the future should he face similar pressures or disputes, XXX. Accordingly, it could not rule out the risk of repitition of his dishonest conduct.

98. Taking into account all of the above, the Tribunal determined that Dr Safdar's fitness to practise is impaired by reason of misconduct. Further, the misconduct found proved is so serious that a finding of impairment is necessary in relation to limbs b and c of the Overarching Objective:

> *'...*
> *b. to promote and maintain public confidence in the medical profession; and*
> *c. to promote and maintain proper professional standards and conduct for members of that profession.'*

Determination on Sanction - 24/02/2025

99. Having determined that Dr Safdar'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

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

Submissions

101. On behalf of the GMC, Mr Lasker submitted that the appropriate sanction was one of erasure. He referred the Tribunal to its determination on impairment as well as a number of paragraphs in the Sanctions Guidance (February 2024) (the 'SG').

102. Mr Lasker reminded the Tribunal of its findings that dishonesty is at the heart of this case. He submitted there are no exceptional circumstances in this case that would justify taking no action. He invited the Tribunal to have regard to paragraphs 120, 124 and 128 of the SG:

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

103. Mr Lasker submitted these were serious breaches of GMP and reminded the Tribunal of its findings at stage 2. He submitted that Dr Safdar's dishonesty occurred between

February 2019 until June 2019, when he withdrew the Application when faced with the incontrovertible evidence of Dr B. Mr Lasker reminded the Tribunal that Dr Safdar exploited his position as a medical doctor to lend credibility to his lies. Dr Safdar's dishonesty was aimed at undermining Ms A in both a personal and professional capacity. Mr Lasker reiterated to the Tribunal its findings that in Dr Safdar's dishonesty there was no genuine element of XXX. He submitted Dr Safdar had multiple opportunities to correct his dishonesty but failed to do so. Mr Lasker stated that Dr Safdar's conduct can be properly described as deplorable.

104. Mr Lasker submitted Dr Safdar's dishonesty was serious misconduct. He submitted there is a risk to public confidence in the profession and evidence of clinical competence cannot mitigate serious dishonesty. He guided the Tribunal to paragraph 126 of the SG, which deals with the giving of evidence and the signings of documents which is entirely relevant to the circumstances in this case.

105. Mr Lasker submitted the facts of this case do not lend themselves either to undertakings or to imposing conditions.

106. Mr Lasker submitted the GMC accepted that the imposition of a sanction of either suspension or erasure would have a significant effect upon Dr Safdar. He invited the Tribunal to consider the relevant paragraphs of the SG relating to suspension (namely paragraphs 91 to 97). Mr Lasker submitted that it is very difficult to properly or adequately describe Dr Safdar's dishonest conduct as that befitting a registered doctor. He submitted that Dr Safdar's conduct was premeditated and persisted with the one essential lie over a number of months.

107.Mr Lasker submitted that, although Dr Safdar has to accept the Tribunal's findings, there has not been any acknowledgement of fault. Dr Safdar has continued to keep abreast of his work and knowledge, even in the difficult circumstances he has found himself, however, there have been no real steps to mitigate his dishonest actions.

108. Mr Lasker moved on to the sanction of erasure. He submitted that Dr Safdar is a good and experienced doctor. He directed the Tribunal to paragraphs 108 of the SG:

> *108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.*

109. Mr Lasker submitted Dr Safdar's misconduct was a particularly serious departure from the principles in GMP. He submitted that the conduct was a deliberate disregard to those principles and had the potential to cause serious harm to others. He submitted that Dr Safdar has not demonstrated any meaningful reflection or remediation of his dishonesty.

110. Mr Lasker submitted the facts of this misconduct are of sufficient gravity such that a period of suspension would not be a sufficient or proportionate response. Mr Lasker stated that suspension would fall short of the response necessary to send a signal to the public and members of the profession as to proper standards of conduct and behaviour for medical professionals. He submitted that erasure was necessary to uphold public confidence and proper professional standards in the medical profession.

111. On behalf of Dr Safdar, Mr Haycroft submitted the appropriate sanction is one of suspension. He submitted, based upon the findings of fact made and the Impairment determination, Dr Safdar accepts that taking no action or imposing conditions would not meet the seriousness of the misconduct found. He submitted an order of suspension with a review would mark the overarching objective as regards the public interest. Mr Haycroft directed the Tribunal to the relevant paragraphs of the SG, being 91-93, 97 and 100.

112. Mr Haycroft reminded the Tribunal of the mitigating factors in this case. He directed the Tribunal to the relevant paragraphs of the SG relating to mitigating factors, namely 25(a, b, c, d, e), and 31.

113. In respect of paragraph 25(a) in relation to insight, Mr Haycroft acknowledged the Tribunal's findings that it found that Dr Safdar's apology to Ms A ''*held little weight with regards to demonstrating insight",* however, he submitted that it carries some weight. However, he also stated that more fundamentally insight is where the doctor understands the gravity of the offending and is unlikely to repeat it.

114. Mr Haycroft further submitted that Dr Safdar had no adverse fitness to practise history and there had been no repetition of the misconduct. He also stated that his behaviour had arisen out of highly unusual features over a protracted period of time and did not relate to clinical matters. Mr Haycroft also reminded the Tribunal that at the time of the misconduct Dr Safdar was going through a stressful period XXX.

115. Mr Haycroft invited the Tribunal to consider the highly unusual features that caused Dr Safdar distress during that period. Dr Safdar faced numerous allegations XXX over a long

period of time and had an interim suspension for 2 years and nine months. He submitted the dishonesty found proved may well have arisen from XXX

116. Mr Haycroft guided the Tribunal to the relevant paragraphs of the SG relating to suspension, namely paragraphs 93, 97(a, f, g), and 100:

> *93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions (see paragraphs 24–49).*
>
> *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.*
>
> *....*
>
> *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.*
>
> *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 (as set out in paragraphs 24–60) c ensuring the doctor has adequate time to remediate.*

117. Mr Haycroft submitted the events in this case are now historical and Dr Safdar has had no real contact with Ms A for over six years. He reminded the Tribunal there has been no repetition of not only this misconduct but any misconduct whatsoever.

118. Mr Haycroft reminded the Tribunal that an act of dishonesty is, of itself, hard to remediate or reflect upon when it is denied. He submitted that the dishonesty has only recently been found proved and Dr Safdar needs time to reflect. He submitted this is a matter for a future review. Mr Haycroft submitted while Dr Safdar's insight is not full because he has

not reflected on his conduct he does have an understanding that what has been proved is serious. Dr Safdar has made an apology, albeit flawed but has accepted the Tribunal's decision on misconduct and impairment.

119. Mr Haycroft acknowledged the Tribunal's findings of a 'pattern of fabrication'. He submitted this was not a spur of the moment single isolated act of dishonesty but there is no pattern of dishonest conduct in the sense there is not a series of separate dishonest acts. He submitted dishonesty often has financial motives behind it, that does not apply to Dr Safdar's case. He reminded the Tribunal that Dr Safdar has lost his good character, however, he is a well-liked and good clinician as attested by his testimonials. Dr Safdar had an unblemished medical career of 20 years and he has engaged with the process and cooperated throughout.

120. Mr Haycroft submitted that the risk of repetition is low in this case. He submitted Dr Safdar, as a single handed practitioner in a practice for 13 years, will have been subjected to all sorts of pressures from patients and others. In spite of this he has not succumb to any pressure in the last six years, even during the police investigation, the GMC investigation, the NHS investigation and the period of suspension. Mr Haycroft submitted this is very clear evidence that puts the risk of repetition as being low. He submitted it is in the public interest to retain an otherwise honest and excellent clinician.

121. Mr Haycroft stated that public interest is important in this matter but there is also a public interest in retaining an otherwise honest and excellent clinician. He reminded the Tribunal of the case of *Giele v GMC [2005] EWHC 2084* where it was stated that there is also a public interest in retaining competent doctors and that a panel's concern with public confidence in the profession should not be carried to the extent of feeling it necessary to sacrifice the career of a competent doctor who presents no danger to the public.

122. Mr Haycroft submitted that a short suspension period would be an appropriate sanction in this case. He submitted this is a single isolated and unusual incident and that Dr Safdar knows what is wrong and can reflect upon the Tribunal's decision in a fairly short period of time. He submitted that erasure would be disproportionate as continued registration would not be fundamentally incompatible.

The Tribunal's Determination on Sanction

123. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal exercising its own judgement. In reaching its decision, the Tribunal has taken The Sanctions Guidance (2024) into account and has borne in mind the overarching objective.

124. The Tribunal reminded itself that the main reason for imposing any sanction is not to punish or discipline doctors, even though the sanction may have a punitive effect. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Safdar's interests with the public interest. Furthermore, the Tribunal bore in mind the overarching objective, namely to protect, promote and maintain the health, safety and wellbeing of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession. The Tribunal bore in mind that the interests of the medical profession as a whole were more important than that of an individual doctor.

125. The Tribunal first considered and balanced the aggravating and mitigating factors in this case.

Aggravating and mitigating factors

126. In considering the aggravating factors in this case, the Tribunal bore in mind its findings that there had been several departures from Good Medical Practice and that it was a case of serious dishonesty.

127. The Tribunal considered that the nature and circumstances of Dr Safdar's dishonesty were aggravating features of this case. Dr Safdar dishonestly stated that Ms A, XXX had XXX the Procedure which he knew to be untrue. He told a XXX officer that Ms A had XXX the Procedure which he repeated and elaborated upon in the Application and supporting witness statement finally, signing a statment of truth to XXX. The Tribunal considered that in doing so Dr Safdar had used his position as a doctor to manipulate the process for his own benefit. It has also determined that his actions had the potential to undermine the public's trust in doctors and the profession as a whole.

128. The Tribunal further considered that Dr Safdar's actions represent an abuse of his position as a doctor. In addition, he used his position to undermine Ms A's evidence causing unacceptable and unnecessary distress, the effects of which were evident before this Tribunal.

129. The Tribunal noted the absence of any evidence on behalf of Dr Safdar to suggest that he has developed any insight into his wrongdoing or taken any steps toward remediation. The Tribunal noted that Dr Safdar has presented various CPD but has not submitted anything that could be insight into his dishonesty.

130. The Tribunal recognise that Dr Safdar has had a lengthy career and there have been no concerns regarding his clinical abilities. It considered that Dr Safdar was of previous good character and there is no evidence of any other lack of probity. It recognised the positive testimonials submitted regarding Dr Safdar's good clinical abilities.

No action

131. In reaching its decision as to the appropriate sanction, if any, to impose in Dr Safdar's case, the Tribunal first considered whether to conclude the case by taking no action. Taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

132. The Tribunal determined that the seriousness of its findings required the imposition of a sanction. It determined that there were no 'exceptional circumstances' in this case and it would not therefore be sufficient, proportionate or in the public interest to conclude this case by taking no action.

Conditions

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

134. It had regard to paragraph 81 of the Sanctions Guidance which states:

> *'**81** Conditions might be most appropriate in cases:*
>
> *a) involving the doctor's health*
> *b) involving issues around the doctor's performance*
> *c) where there is evidence of shortcomings in a specific area or areas of the doctor's practice*
> *d) where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.'*

135. While the Tribunal recognised that paragraph 81 did not exhaustively limit the circumstances in which conditions might be appropriate, it considered that this was not a case in which conditions would be either appropriate, proportionate or, indeed, workable. It reached its view bearing in mind the nature of Dr Safdar's misconduct, which was dishonesty.

136. The Tribunal considered that conditions would be inappropriate and insufficient to meet the public interest and to maintain proper professional standards of conduct for the members of the profession. Accordingly, the Tribunal determined not to impose conditions on Dr Safdar's registration.

Suspension

137. The Tribunal next considered whether it would be appropriate to impose a period of suspension on Dr Safdar's registration.

138. The Tribunal had regard to the sections of the Sanctions Guidance that related to dishonesty and decided that any sanction needed to reflect the seriousness of dishonesty and the difficulties in remediating it. It noted, at paragraph 91, that suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and the public about what behaviour is unbefitting of a registered doctor.

139. The Tribunal considered, however, that this was a case in which there had been not sufficient remorse or regret and not sufficient evidence of insight on behalf of Dr Safdar regarding his dishonesty. It took into account its findings at the Impairment stage that there was a risk of repetition in the future, albeit a low risk.

140. Further, the Tribunal considered that this was a case involving serious dishonesty, in the context of a false allegation made to XXX and a XXX officer. It had regard to paragraph 92 of the Sanctions Guidance, which sets out that suspension may be appropriate in cases of misconduct that is serious, but which 'falls short of being fundamentally incompatible with continued registration.'

141. The Tribunal had regard to Mr Haycroft's submission that Dr Safdar had experienced unusual circumstances during the period in which the dishonesty occurred. However, it did not accept this submission. The Tribunal did not consider it so unusual for a doctor to experience XXX. It did, however, consider that Dr Safdar's reaction to those proceedings whereby he told a malicious lie with the intention to cause personal and professional harm to another party, XXX, was highly unusual.

142. The Tribunal concluded that the misconduct in this case was so serious that suspension would not be sufficient to protect public confidence in the medical profession or to uphold proper standards of behaviour and conduct for members of that profession.

Erasure

143. The Tribunal had regard to paragraphs 108 and 109 (a,b,c,d) of the Sanctions Guidance, which state:

> 108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.
>
> *"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.*
>
> *b* *A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*
>
> *c* *Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients…*
>
> *d* *Abuse of position/trust …"*

144. In relation to paragraph 108 the Tribunal considered in relation to the maintenance of public confidence, that the existence of not ending the career of an otherwise competent doctor was an issue to consider. It also took into account the positive testimonial evidence before it. However it reminded itself of its findings at stage 2 that it found Dr Safdar's dishonesty deplorable, which read,

'*The Tribunal considered that Dr. Safdar had exploited his position as a doctor to lend credibility to false assertions during [XXX]. The Tribunal noted that Dr Safdar had deliberately used language and medical terms to lend credibility to allegations that he knew to be false and could only have been made to further his own position within the [XXX] proceedings. [XXX]. The Tribunal are of the view Dr Safdar omitted to use the correct medical term in any of his statements. The Tribunal, having found that the Application had no genuine purpose of*

[XXX], could only have been made to undermine Ms A both personally and professionally. The Tribunal found this conduct to be deplorable, constituting serious misconduct and falling far below the standard expected of a medical professional. ‘

145. The Tribunal considered that Dr Safdar's misconduct was not only dishonest but also demonstrated a blatant disregard for XXX which exist to protect the public. He used his knowledge of XXX, together with his position as a doctor, to paint a false picture XXX for his own benefit and to undermine Ms A. It found that this conduct was so serious as to be fundamentally incompatible with continued registration. It considered that this was a particularly serious departure from the principles of Good Medical Practice and a case of serious dishonesty which would undermine the maintenance of public confidence in the profession.

146. The Tribunal determined that no lesser sanction than erasure would adequately maintain public confidence in the medical profession. Erasure is the necessary and appropriate sanction, in order to maintain public confidence in the profession, as well as to uphold professional standards.

147. Therefore, the Tribunal determined to erase Dr Safadar's name from the Medical Register

Determination on Immediate Order - 24/02/2025

148. Having determined to erase Dr Safdar's name from the Medical Register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Safdar's registration should be subject to an immediate order.

Submissions

149. Mr Lasker submitted that an immediate order is necessary in order to protect the public interest, in particular to uphold professional standards and maintain public confidence in the profession. He also submitted that the current interim order should be revoked.

150. On behalf of Dr Safdar, Mr Haycroft submitted that an immediate order is not necessary in this case and reminded the Tribunal of its findings that there is no risk to patient safety. He submitted there is no public protection issue and Dr Safdar has been working without any incident for years.

The Tribunal's Determination

151. The Tribunal had regard to the submissions made by both counsel and to the guidance contained within the SG, in particular, paragraphs 172, 173 and 178 which state:

> *''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.''*

152. The Tribunal concluded that the serious nature of the dishonesty on the part of Dr Safdar represented a significant departure from GMP. Therefore, it would be inappropriate to allow Dr Safdar's registration to remain unrestricted or for him to return to practice before the substantive order comes into effect.

153. The Tribunal bore in mind the relevant paragraphs of the SG and took account of its findings on impairment and sanction. The Tribunal determined that an immediate order of suspension is necessary to protect public confidence in the medical profession and is in the wider public interest.

154. This means that Dr Safdar'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.

155. The interim order will be revoked when the immediate order takes effect.

156. That concludes this case.

Confidential Schedule 1

XXX

Confidential Schedule 2

XXX