

**PUBLIC RECORD****Dates:** 20/05/2025 - 23/05/2025**Doctor:** Dr Bobby SHABBIR**GMC reference number:** 7980452**Primary medical qualification:** Master Physician 2021 Sofia Medical University

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Not impaired

**Summary of outcome**

No warning

**Tribunal:**

Legally Qualified Chair:	Mrs Laura Paul
Lay Tribunal Member:	Mr James Riley
Registrant Tribunal Member:	Dr Jane Margetts
Tribunal Clerk:	Miss Emma Saunders

**Attendance and Representation:**

Doctor:	Present, not represented
GMC Representative:	Ms Colette Renton, 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 - 22/05/2025**

**Hearing in Private**

1. The Tribunal agreed, in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise Rules) 2004 as amended ('the Rules'), that parts of this hearing should be heard in private where the matters under consideration are confidential, namely where they involve XXX. As such, this determination will be read in private but a redacted version will be published following the conclusion of this hearing, with those matters removed.

**Background**

2. Dr Shabbir qualified in 2021 from Sofia Medical University, Bulgaria. He has not practised medicine in any capacity since qualification.

3. Prior to this, Dr Shabbir was admitted to the roll of solicitors in 2006. Whilst working as a solicitor he was an associate of a firm of solicitors from 11 May to 20 August 2009 and a salaried partner of the same firm from 21 August to 8 December 2009. As a result of the actions of six solicitors at the firm, disciplinary action was taken by the Solicitors Regulation Authority (SRA). Dr Shabbir made admissions in respect of the allegations against him at a Solicitors' Disciplinary Tribunal ('SDT') of the SRA. These included allegations of mismanagement by permitting a non-solicitor third party to have an inappropriate level of control and influence over the activities of the firm, a failure to act in accordance with management responsibilities, failure to maintain proper accounts, and breaches of accountancy rules for solicitors. For clarity, there were no allegations of fraud or dishonesty made against Dr Shabbir. Dr Shabbir stated that he was pressurised into accepting partnership and was misled by the other partners at the firm. Dr Shabbir stated that the allegations before the SRA were largely in relation to mismanagement of client funds in the conveyancing department. Dr Shabbir worked in the immigration department of the practice and had no involvement in the conveyancing department.

4. Dr Shabbir was suspended from practising as a solicitor for six months and conditions were applied to his return to practise. Following this decision, Dr Shabbir cross-qualified to become a barrister. Dr Shabbir informed The Bar Standards Board about his previous

disciplinary background at the time that he applied to transfer from being a solicitor to becoming a barrister. Dr Shabbir has been successfully practising as a barrister since 2015.

5. At around the same time, he was also studying for an LLM in Legal Aspects of Medical Practice, and this generated an interest in medicine. He subsequently enrolled in a medical degree at Sofia University in Bulgaria and qualified in September 2021.

6. On 29 October 2023 Dr Shabbir's application for registration was received by the GMC and subsequently approved on 29 November 2023.

7. On 12 December 2023 the GMC received a concern from an anonymous email that detailed the SDT finding against Dr Shabbir. This was internally escalated at the GMC.

8. In respect of this hearing, the allegations by the GMC relate to the answers Dr Shabbir gave in his application for GMC registration on 29 October 2023.

### The Allegation and the Doctor's Response

9. The Allegation made against Dr Shabbir is as follows:

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

1. On 29 October 2023 you submitted an application for full registration with the General Medical Council and you answered 'no' to the following questions:

a. '*Has an organisation investigated concerns about your fitness to practise or refused to register you or give you a licence to practise?*';  
**Admitted and found proved**

b. '*Is there anything else about your professional performance, professionalism or behaviour that might raise a concern about your fitness to practise as a doctor in the UK?*'.  
**Admitted and found proved**

2. When you answered 'no' to the questions referred to at paragraph 1, you knew that you had been suspended from the roll of solicitors by a Solicitors' Disciplinary Tribunal on 3 May 2013.  
**Admitted and found proved**

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

10. At the outset of these proceedings, Dr Shabbir made admissions to some subparagraphs 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 sub-paragraphs of the Allegation as admitted and found proved.

### The Facts to be Determined

11. In light of Dr Shabbir's response to the Allegation made against him, the Tribunal is required to determine whether Dr Shabbir's conduct at paragraph 1 of the Allegation was dishonest by reason of paragraph 2.

### Witness Evidence

12. The Tribunal received oral evidence on behalf of the GMC from Ms A, Head of Registration Operations at the GMC, on 20 May 2025. Her witness statement was dated 11 December 2024.

13. Dr Shabbir provided his own witness statements dated 8 August 2024 and 25 April 2025, and a response to the draft allegations document dated 8 August 2024. Dr Shabbir also gave oral evidence at the hearing on 21 May 2025.

### Documentary Evidence

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

- Dr Shabbir's GMC application form dated 29 October 2023;
- Application guidance in respect of questions 5 and 7 of the form;
- An example live online application for GMC registration;

- Correspondence between Dr Shabbir and the GMC Contact Centre and GMC Registration and Revalidation Team between February 2022 and October 2023;
- Various positive character references on behalf of Dr Shabbir;
- XXX;
- Continuing Professional Development (CPD) certificates from Dr Shabbir of a module on reflection and on document/record-keeping;
- Attendance reference at Sofia Medical University dated 21 June 2022 and University character reference;
- SDT judgement dated 22 April to 3 May 2013 and SDT Order dated 3 May 2013;
- Bar Practising Certificate dated 1 April 2024 to 30 April 2025;
- Letter from the Bar Standard Board dated 14 September 2015;
- XXX.

### The Tribunal's Approach

15. 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 Shabbir 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.

16. The Legally Qualified Chair (LQC) referred the Tribunal to the case of *Ivey v Genting Casinos (UK) Ltd Trading as Crockfords* [2017] UKSC 67, which sets out how the Tribunal should address the question of dishonesty:

1. The Tribunal must first ascertain (subjectively) the state of the individual's knowledge or belief as to the facts. 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.

2. Secondly, the Tribunal must then consider whether that conduct was dishonest by the (objective) standards of ordinary and honest people. There is no requirement that the individual must appreciate that what they have done was, by those standards, dishonest.

17. The LQC also referred the Tribunal to the judgment of Mr Justice Collins in *Lawrance v GMC* [2015] EWHC 586 (Admin), in that the Legal Assessor (as it was in that case) should have directed the Panel that they should only find dishonesty established if they were satisfied

that there was cogent evidence of dishonesty. The LQC stated that Mr Justice Collins confirmed that:

*"The civil standard applies, but where dishonesty or particularly a serious offence is alleged the decision makers must be aware of the need for such cogent evidence. A direction making clear that need is in my judgement required coupled with a requirement for them to consider the full circumstances..."*

18. The LQC stated that the Tribunal must look critically at any evidence advanced in support of a finding of dishonesty and any such evidence must be cogent.

### The Tribunal's Analysis of the Evidence and Findings

19. The Tribunal has evaluated the evidence in order to make its findings on the facts. Given the admissions made by Dr Shabbir, the Tribunal was asked to make a finding as to paragraph 3 of the Allegation only.

#### The Application

20. The Tribunal had regard to the application for full registration with the GMC completed by Dr Shabbir. It noted that the questions to which Dr Shabbir answered 'no' at paragraph 1(a) and (b) of the Allegation were questions 5 and 7 of the application form. Dr Shabbir has admitted that he answered 'no' to both questions.

21. Within Ms A's witness statement, dated 11 December 2024, she stated that individuals applying for registration with the GMC are required, within their application, to document any previous findings by a professional regulatory body. Ms A stated that this requirement was not limited to findings by the GMC or other medical regulators.

22. The two questions at issue were within a section of the application headed "*Your declaration of fitness to practise*" and the applicant is told '*Before you answer the questions, you should open our 'What to tell us when you apply' tool. If you need help on a specific question, you should read our guide on 'What to tell us when you apply'.*'

23. In oral evidence, Ms A confirmed that the tool and the guide were two separate resources, and the relevant links appear within each application question. The Tribunal was not provided with a copy of the tool, but Ms A explained that it contained a series of

questions for applicants to click through, and at the end it says whether it was more likely than not that the applicant should declare a matter to the GMC. She stated that it was initially developed to assist people with convictions and cautions, but then later expanded to include other issues. Dr Shabbir told the Tribunal that he had not used the tool but had read some parts of the guide.

24. In respect of question 5 of the application, it included various additional information within the question itself, namely:

*"The organisation could be a regulator, an exam board, a coroner, a licensing organisation or a similar organisation. This includes non-medical organisations.  
I'm not sure, show me the guide about investigations and refusals by organisations"*

25. This part of the application contained a hyperlink to the guide. In respect of question 5, the guide provided various information, including:

*"... What you need to tell us about investigations and refusals by organisations  
You need to tell us if any organisation investigated concerns about your fitness to practise or refused to register or licence you as a doctor or other healthcare professional."*

***What do we mean by 'organisation'?***

*We mean a regulatory body, examination testing body or a professional membership organisation. [Various examples were given]*

***What do we mean by 'investigate concerns about your fitness to practise'?***

*An organisation could investigate concerns about your fitness to practise if something you do in your private life or while working as a doctor, taking exams or studying could pose a risk to patient safety or reduce the trust that patients and the public have in doctors. [Various examples were given]*

*...*

*I'm still not sure whether I need to tell you about investigations or refusals by organisations. What should I do?*

*Use our What to tell us when you apply tool to help you decide whether to tell us about investigations and refusals by organisations. If you've used the tool and you're still not sure get in touch with one of our advisers."*

26. Within her statement, Ms A stated that the additional guidance specifically stated that one of the examples of what the GMC means by “organisation” included “*tribunals in a public domain*”. Ms A stated that the SDT would fall into this category.

27. Within question 7 of the application it also contained a hyperlink to the guide. In respect of question 7, the guide provided various information, including:

***“Other concerns about your fitness to practise you need to tell us about***

*You may be concerned about something that has happened but is not covered by another question. For example, this could be a health condition or professionalism concern that didn’t result in any action by an employer or medical school, but you think is still relevant to your application. It could also be something that happened outside of your work as a doctor or as a medical student.*

*If you are concerned about it or think we should know, answer yes to fitness to practise question 7.*

*I’m still not sure whether I need to tell you about performance, professionalism or other concerns. What should I do?*

*Use our What to tell us when you apply tool to help you decide whether to tell us about something. If you’ve used the tool and you’re still not sure get in touch with one of our advisers.”*

28. Ms A told the Tribunal that this question was designed as a catch-all. She stated that the purpose of this question was to allow applicants to document any additional declarations relating to their fitness to practise which did not neatly fit into any previous question on the application. Ms A stated that if Dr Shabbir was unsure about whether he was obliged to document the SDT finding against him within question 5, then he would have had an additional opportunity to document the SDT finding within question 7. She stated that, if Dr Shabbir was still unsure about what he was required to declare, he would additionally have had opportunity to seek further guidance from the GMC before he submitted his application.

29. The Tribunal was provided with various pieces of correspondence between Dr Shabbir and the GMC Contact Centre and GMC Registration and Revalidation Team at various points between February 2022 and October 2023, in which Dr Shabbir primarily made a number of queries about how to provide English language evidence. In an email on 14 March 2022, the

GMC Contact Centre sent Dr Shabbir links as how to apply for registration with a licence to practise. It is understood that Dr Shabbir did not contact the GMC to ask any questions regarding fitness to practise prior to submitting his application. Dr Shabbir stated that he made the application in a rush on a Sunday, and that this was the first time he had opened the application form. Ms A confirmed that the GMC Contact Centre is closed on a Sunday. Dr Shabbir told the Tribunal that he wished he had, with hindsight, not submitted the application on that Sunday and instead contacted the GMC the following day and made enquiries.

30. The application also includes a “*Final Declaration*” section where the applicant is required to confirm that they understand various matters and that the information they have provided is correct and true. The application must confirm that they understand that if they have made a false declaration the GMC may withhold or remove their registration and licence to practise. They are also asked to confirm that they have read Good Medical Practice.

31. Within Ms A’s statement she confirmed that the GMC did not have the facility to record whether Dr Shabbir clicked on the guidance links contained within the application.

32. Ms A stated that, had Dr Shabbir made the GMC aware of the SDT finding against him, it would have asked him to explain the finding. She stated that the GMC would have possibly also requested evidence from the SRA. Ms A stated that Dr Shabbir would have been asked for information about the investigation, the outcome, the part he played, and his remorse and insight. She stated that this information would have been put into a referral memo and the GMC would then look at potential fitness to practise issues or misconduct. The evidence would be passed to a GMC decision maker who would decide on whether Dr Shabbir was fit to practise and the outcome of this could have led to an approval or refusal of the application for registration.

33. Dr Shabbir provided his first written statement to the GMC on 8 August 2024. He apologised for the trouble he has caused the GMC. He stated that at the time of completing the application for registration with the GMC he did so in good faith. Dr Shabbir stated that he categorically recalled that, when he completed the application, he read it only “*through the prism of a clinical setting*”.

34. Dr Shabbir stated that, in respect of question 5 of the application, he had made a mistake in reading and interpreting the question. He stated that, with hindsight, he realised

that he should have looked in further detail and consulted the GMC about it. Dr Shabbir stated that he was full of regret and wholeheartedly apologised. He stated that there was no deliberate omission of the SDT proceedings, and he did not intentionally mislead his regulator. Dr Shabbir stated that his past with the SDT would be flagged up and highlighted on any ‘Google search’ of his name and that he fully informed his Chambers when he applied to join them as a tenant. He also stated that he had fully informed the Bar Standards Board upon application and that they had permitted him full exemption from pupillage.

35. Dr Shabbir stated that, at the time of the application, he had been finding it very difficult XXX. In his oral evidence Dr Shabbir stated that it remained the position that he was XXX.

36. Within Dr Shabbir’s 2024 statement, he admitted paragraphs 1 and 2 of the Allegation but denied that he was dishonest. He stated that he was reckless in completing his application but not dishonest. Dr Shabbir stated that he did not intend to withhold the SDT information from the GMC and that he regretted not having paid more attention to the questions asked, and not having consulted with a GMC representative about the fitness to practise section. He stated that he wanted to work hard and start a good career as a doctor and help others through the knowledge he had gained at medical school.

37. Within his statement dated 25 April 2025 and his oral evidence to this Tribunal, Dr Shabbir stated that, to the reader, the most important things that stood out within the first part of the guide on question 5 was the reference to “*You need to tell us if any organisation investigated concerns about your fitness to practise or refused to register or licence you as a doctor or other healthcare professional.*” He stated that this reinforced his perception that this question related only to a clinical or medical setting. Dr Shabbir apologised and stated that he had made an honest mistake in his reading through the guide about this question. Dr Shabbir stated that the guidance was not very clear to the reader and would urge and request the GMC to revise the guidance in respect of question 5.

38. Dr Shabbir was clear that he appreciated that an “*organisation*” as referred to in the application would include the SDT but that he had misread the question and interpreted it so that it only referred to a clinical setting as a doctor. Further, in respect of question 7, Dr Shabbir stated that he had not read the guidance in great detail but that he understood it to again be in the setting of a medical doctor. He stated that he read and interpreted that question to be about whether there was anything else relating to past clinical issues in the capacity of a medical or healthcare professional. Dr Shabbir stated that he had completed his

medical degree two years prior to his application and had not worked as a doctor, or even untaken a clinical attachment. He stated that he made an honest mistake in reading the questions.

39. Dr Shabbir was asked about his answer to question 7 of the application. He stated that his understanding focused on the “*as a doctor*” aspect of the wording within question 7 itself. Dr Shabbir stated that he thought about whether there was anything as a doctor or anything medical related that he needed to disclose. He stated that he felt that the question and guide had misled him. Dr Shabbir told the Tribunal that this question had not triggered in his mind that he should raise the SDT matter. He stated that he could not stress any further that this was his line of thought at the time and that he misread the question and was sorry that he had done so.

40. Within Dr Shabbir’s oral evidence, he confirmed that he understood the term ‘fitness to practise’ and that the SRA would be classed as an “*organisation*” as a regulator. He stated that he opened the link for further guidance and felt that the answers given mislead the reader. Dr Shabbir stated that the application was to register as a doctor in the UK. It was put to him that the questions must have triggered a question mark in his mind about whether he should be raising the SDT matter. Dr Shabbir stated that they did not. He stated that, had it triggered at all he would have spoken to the GMC for clarification and not jeopardised, in any shape or form, the six and a half years of study that he had completed and his legal career also.

41. Dr Shabbir stated that he understood that honesty and transparency are paramount as a doctor and that he was remorseful for his actions. He reiterated that he made an honest mistake.

42. Dr Shabbir spoke about the personal circumstances and difficulties he was experiencing at the time when he completed the application. He stated that he rushed to complete it and tried to understand the application as best he could. He referred to XXX. Dr Shabbir stated that he had wanted to submit that application on that Sunday and that, with hindsight, he would have completed the application differently. He stated that he had seen friends getting onto the GMC Register and had been excited to start his medical career. Dr Shabbir stated that his understanding of the questions was not clear and that he had not deliberately answered ‘no’ in order to not disclose the SDT matter. He stated that there was no reason to hide it from the GMC and that he had not acted maliciously.

Paragraph 3

43. The Tribunal considered whether Dr Shabbir's conduct at paragraph 1 of the Allegation, in answering 'no' to questions 5 and 7 of the application form, was dishonest by reason of the fact that he knew that he had been suspended from the roll of solicitors by a SDT on 3 May 2013.

44. The Tribunal had regard to how it should address the question of dishonesty as set out in the case of *Ivey*. It had regard to all of the evidence before it and the matters it has set out above in terms of the application.

*The Tribunal must first ascertain (subjectively) the state of the individual's knowledge or belief as to the facts. 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.*

45. The Tribunal was clear that Dr Shabbir had known to disclose the SDT matter in the past. He had disclosed it to the Bar Standards Board and to his Chambers during that application process. The Tribunal also noted that there had been no previous allegations of dishonesty against Dr Shabbir.

46. The Tribunal was of the view that Dr Shabbir was consistent in his evidence that he had been thinking of the application for GMC registration as a medic in terms of a clinical setting. The Tribunal felt that, in respect of the guide to question 5, Dr Shabbir did read the part which states:

***"What you need to tell us about investigations and refusals by organisations  
You need to tell us if any organisation investigated concerns about your fitness to  
practise or refused to register or licence you as a doctor or other healthcare  
professional."***

47. The Tribunal was of the view that the wording here is poor and there appears to be a lack of appropriate punctuation to assist the reader. The Tribunal appreciated that Dr Shabbir had begun reading this application in terms of medical practice and, with lack of clarity in the surrounding guide, there was a reinforcement for Dr Shabbir in his misunderstanding of what was being asked of him.

48. The Tribunal accepted Dr Shabbir's evidence that he did not intend to and would not have been able to, in any event, hide the SDT matters as a simple 'Google search' of his name would have brought these matters up.

49. The Tribunal had regard to the difficult family and personal circumstances that Dr Shabbir has referred to. He was, and continues, to XXX. The Tribunal considered that these circumstances may have affected Dr Shabbir's ability to complete the application form correctly.

50. The Tribunal had regard to the suggestion from the GMC that the Bar Standards Board investigation had taken a year to complete and that Dr Shabbir would have wanted to avoid a lengthy GMC investigation. The Tribunal found no persuasive evidence that Dr Shabbir had considered the length of any possible GMC investigation when answering the questions in his application.

51. The Tribunal understood from Dr Shabbir's evidence that he wanted to get the form completed and had self-imposed a deadline of getting it completed on the Sunday in question. The Tribunal appreciated that this could have been for a number of reasons, including that his peers were registering, that he wanted to return home to his family, or to do with XXX at the time. The Tribunal accepted that, at the time, in Dr Shabbir's mind the SDT matter was not relevant to his application and he would have sought advice from the GMC, in the way that he had done about the English language matter, if he had appreciated its relevance. The Tribunal accepted Dr Shabbir's evidence that he would not have jeopardised his future medical as well as his current legal career by failing to disclose the SDT matter. It did not find, on the balance of probabilities, that he had intentionally failed to disclose it in answering 'no' to questions 5 and 7.

52. In terms of Dr Shabbir's knowledge or belief as to the facts, the Tribunal was of the view that Dr Shabbir was not careful enough in his completion of the application, and that he skim-read certain parts of the guidance. Dr Shabbir did not give the application the due attention it needed and had not properly understood what was expected of him, particularly given some of the wording within the guide to question 5 of the application. The Tribunal determined that Dr Shabbir's actions were careless, rushed and reckless but did not find that Dr Shabbir had been deliberately dishonest. He had an honestly held belief and had made an honest, albeit reckless, mistake. The Tribunal concluded that, on the balance of probabilities, the GMC had not proved that Dr Shabbir's knowledge or belief was dishonest in the completion of 'no' for questions 5 and 7 of the application.

Secondly, the Tribunal must then consider whether that conduct was dishonest by the (objective) standards of ordinary and honest people. There is no requirement that the individual must appreciate that what they have done was, by those standards, dishonest.

53. The Tribunal determined that, from the evidence it has heard and the situation that Dr Shabbir found himself in, Dr Shabbir's actions were careless, rushed and reckless. It has found a lack of cogent evidence of dishonesty. In all the circumstances, the Tribunal determined that Dr Shabbir's conduct was not dishonest by the objective standards of ordinary and honest people. The Tribunal noted all of the matters which it has discussed above about how Dr Shabbir read the two questions and accompanying guide and his understanding of what was asked of him. The Tribunal was of the view that Dr Shabbir's actions, whilst reckless, would not be considered to be dishonest by the objective standards of ordinary and honest people.

54. Accordingly, the Tribunal has found that Dr Shabbir's actions as described at paragraph 1 of the Allegation were not dishonest by reason of paragraph 2. The Tribunal has therefore found paragraph 3 not proved.

### The Tribunal's Overall Determination on the Facts

55. The Tribunal has determined the facts as follows:

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

1. On 29 October 2023 you submitted an application for full registration with the General Medical Council and you answered 'no' to the following questions:

a. '*Has an organisation investigated concerns about your fitness to practise or refused to register you or give you a licence to practise?*';  
**Admitted and found proved**

b. '*Is there anything else about your professional performance, professionalism or behaviour that might raise a concern about your fitness to practise as a doctor in the UK?*'.  
**Admitted and found proved**

2. When you answered 'no' to the questions referred to at paragraph 1, you knew that you had been suspended from the roll of solicitors by a Solicitors' Disciplinary Tribunal on 3 May 2013.

**Admitted and found proved**

3. Your conduct at paragraph 1 was dishonest by reason of paragraph 2.

**Not 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 - 23/05/2025**

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

**The Evidence**

57. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary.

**Submissions**

Submissions on behalf of the GMC

58. Ms Renton, Counsel on behalf of the GMC, stated that the GMC intends to remain neutral on the matter of impairment. She stated that, in light of this, it was not her intention to make any further submissions on the question of serious misconduct or impairment.

Submissions from Dr Shabbir

59. Dr Shabbir apologised again. He stated that he had undertaken a probity and a report writing course and, in the future, he would be meticulous and careful when completing forms and make any extra checks when required. Dr Shabbir stated that he wanted to be a good doctor and care for patients in the future.

## The Relevant Legal Principles

60. 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.

61. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and whether the misconduct was serious, and then if the finding of that misconduct was serious, could it lead to a finding of impairment.

62. The LQC stated that there is no statutory definition of 'misconduct' but it has been described in a number of cases as a falling short, by omission or commission, of the standards of conduct expected amongst medical practitioners. The LQC stated that such falling short must be serious and the adjective 'serious' must be given its proper weight. She stated that, in other contexts, there has been reference to "*conduct which would be regarded as deplorable by fellow practitioners*".

63. With reference to *Cohen v GMC* [2008] EWHC 581 (Admin), the LQC stated that it is not intended that every case of misconduct found must automatically mean that the doctor's fitness to practise is impaired.

64. The LQC stated that, if the Tribunal does move on to consider impairment, it must determine whether Dr Shabbir's fitness to practise is impaired today, taking into account Dr Shabbir'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 any likelihood of repetition.

65. The LQC referred to the test set out by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of *CHRE v NMC & Grant* [2011] EWHC 927 (Admin), as follows:

*"Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:*

- 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 brought 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."*

66. The LQC clarified that (d) did not apply in this case as the Tribunal has found the allegation of dishonesty not proved.

### The Tribunal's Determination on Impairment

#### Misconduct

67. The Tribunal first considered whether Dr Shabbir's actions amount to misconduct.

68. The Tribunal noted that Dr Shabbir has admitted that he answered 'no' to questions 5 and 7 of the application and that he did this when he knew he had been suspended from the roll of solicitors by a SDT on 3 May 2013. The Tribunal described Dr Shabbir's actions as careless, rushed and reckless but did not find that his actions were dishonest.

69. The Tribunal had regard to Good Medical Practice (2013) ('GMP') and identified the following relevant paragraph:

*"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."*

70. With reference to paragraph 71 of GMP, the Tribunal was clear that Dr Shabbir had not been dishonest or deliberately left out relevant information. It has found that the information that Dr Shabbir gave in answering 'no' to questions 5 and 7 of the application was misleading and that he had not taken reasonable steps to check the information was correct.

71. The Tribunal took account of all of the circumstances in this case. It noted that Dr Shabbir's actions related to one instance and had characterised his actions as an honest, albeit reckless, mistake. It appreciated that there is a need to be able to rely on what doctors say in answers they give on forms. Whilst the Tribunal accepted that the matters admitted and found proved at paragraphs 1 and 2 of the Allegation are misconduct, it determined that Dr Shabbir's actions did not reach the threshold for serious misconduct. The Tribunal concluded that fellow practitioners would not consider Dr Shabbir's actions to be deplorable such as to amount to serious misconduct.

72. Accordingly, the Tribunal has concluded that Dr Shabbir's conduct did not fall so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

73. Given that the Tribunal has not found there to be misconduct, it was not necessary to continue on to consider the question of impairment.

#### Determination on Consideration of Warning - 23/05/2025

74. The Tribunal determined that the facts found proved did not amount to serious misconduct and, as such, it was not necessary to continue to consider the question of impairment.

75. The Tribunal invited submissions from the parties as to whether a warning was required, in accordance with s35D(3) of the Medical Act 1983.

76. The Tribunal had regard to the GMC's 'Guidance on warnings' document (April 2024) ('the warnings guidance'), including the test at paragraph 16:

*"A warning will be appropriate if there is evidence to suggest that the practitioner's behaviour or performance has fallen below the standard expected to a degree warranting a formal response by the GMC or by a MPTS tribunal. A warning will therefore be appropriate in the following circumstances:*

- *there has been a significant departure from Good medical practice, or*
- *there is a significant cause for concern following an assessment of the doctor's performance"*

## Submissions

### Submissions on behalf of the GMC

77. Ms Renton stated that the GMC did not actively seek a warning in Dr Shabbir's case. She highlighted paragraph 33 of the warnings guidance, in that "*The decision makers should record their reasons for issuing or for not issuing a warning*".

### Submissions from Dr Shabbir

78. Dr Shabbir stated that he regretted what had happened and was very sorry. He stated that he was also sorry to cause trouble for both the GMC and the Tribunal. Dr Shabbir stated that he had taken steps to ensure that there would be no repetition of the index event in terms of the probity and report writing courses undertaken. He stated that he will be extra vigilant going forward. Dr Shabbir also stated that he has good character references, it was an isolated incident, and that he wants to be a good doctor who does not bring the profession into disrepute.

## The Tribunal's Determination on Warning

79. The Tribunal took account of the specific circumstances of this case and had regard to the submissions provided by both parties. The Tribunal had regard to the warnings guidance.

80. With reference to paragraph 16 of the warnings guidance as quoted above, the Tribunal was clear that the test to consider for the imposition of a warning is met if there is a significant departure from the principles set out in GMP.

81. The Tribunal was clear that, in deciding whether to issue a warning, it should have regard to the principle of proportionality, weighing the interests of the public with those of the practitioner.

82. The Tribunal had regard to the factors set out at paragraph 20 of the warnings guidance that decision makers should take account of to determine whether it is appropriate to issue a warning.

*20a. There has been a clear and specific breach of Good medical practice or our supplementary guidance.*

83. The Tribunal has found that paragraph 71 of GMP, as quoted in its determination on Impairment, was relevant in that the actions of Dr Shabbir in answering ‘no’ to questions 5 and 7 of the application were misleading and that he had not taken reasonable steps to check the information was correct. The Tribunal has characterised Dr Shabbir’s actions as an honest, albeit reckless, mistake. The Tribunal has found there was a breach of GMP but, significantly, had not found there to have been dishonesty.

*20b. The particular conduct, behaviour or performance approaches, but falls short of, the threshold for the realistic prospect test or in a case before a tribunal, that the doctor’s fitness to practise has not been found to be impaired.*

84. The Tribunal referred to its determination on Impairment in that it did not find serious misconduct and did not even progress further to consider the question of impairment itself. Therefore, the Tribunal was clear that paragraph 20(b) of the warnings guidance did not apply in Dr Shabbir’s case.

*20c. A warning will be appropriate when the concerns are sufficiently serious that, if there were a repetition, they would likely result in a finding of impaired fitness to practise. Warnings may be an appropriate response to any type of allegation...; the decision makers will need to consider the degree to which the conduct, behaviour or performance could affect patient care, public confidence in the profession or the reputation of the profession...*

85. The Tribunal reiterated its comments as to paragraph 20(b) of the warnings guidance and considered in terms of paragraph 20(c) that Dr Shabbir’s actions were not “sufficiently serious” such that a repetition would likely result in a finding of impaired fitness to practise.

*20d. There is a need to record formally the particular concerns (because additional action may be required in the event of any repetition)*

86. The Tribunal has found no dishonesty in respect of Dr Shabbir’s actions and has described them as an honest, albeit reckless, mistake. The Tribunal determined that paragraph 20(d) of the warnings guidance did not apply in Dr Shabbir’s case and there was no need to formally record the concerns by way of a warning.

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87. The Tribunal had regard to paragraph 26 of the warnings guidance in terms of the principle of proportionality. Taking the evidence in the round, the Tribunal determined that it would be disproportionate for the imposition of a warning on Dr Shabbir's registration.

88. With regard to the factors set out at paragraph 32 of the warnings guidance, it determined that none of these factors were such that a warning is appropriate. The Tribunal was of the view that Dr Shabbir has demonstrated insight into his failing, expressed regret and made an apology, it was an isolated event and there has been no repetition of similar conduct. The Tribunal was of the view that Dr Shabbir has taken corrective steps in the courses undertaken and his assertion that he will be extra vigilant going forward.

89. The Tribunal has therefore determined not to impose a warning on Dr Shabbir's registration.