

PUBLIC RECORD**Dates:** 09/09/2025

Doctor: Dr Sameed ZAHID

GMC reference number: 7762488

Primary medical qualification: MBBS 2015 Sichuan Medical University

Type of case	Outcome on impairment
Review - Misconduct	Not Impaired

Summary of outcome
Suspension to expire

Tribunal:

Legally Qualified Chair	Ms Louise Sweet KC
Lay Tribunal Member:	Ms Hermione McEwen
Registrant Tribunal Member:	Dr Jeffrey Phillips

Tribunal Clerk:	Mr Francis Ekengwu
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Christopher Lothian-Field, Counsel
GMC Representative:	Mr Lewis Kennedy, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Impairment - 09/09/2025

1. At this review hearing the Tribunal has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Zahid's fitness to practise remains impaired by reason of misconduct.

Background

2. Dr Zahid qualified MBBS in 2015 from Sichuan Medical University. He attained full registration in 2022.

3. The matters which led to Dr Zahid appearing before a Medical Practitioner's Tribunal can be summarised as follows: in April 2022, Dr Zahid applied to the GMC for full registration. He indicated that in 2016 he had completed a year of postgraduate internship at Southwest Medical University 1st Hospital ('the Hospital') in China. It was alleged that Dr Zahid submitted documents and information in support of this application which were false and/or contained false information. It was further alleged that Dr Zahid had not completed the internship and Dr Zahid knew that these claims were false and was thereby dishonest.

4. The initial concerns were raised with the GMC on 24 April 2023, via an online referral form by an anonymous member of the public.

The February 2025 Tribunal

5. Dr Zahid's case was first considered by a Medical Practitioners Tribunal (MPT) hearing between 17 to 20 February 2025 ('the February 2025 Tribunal'). Dr Zahid was present and represented at that hearing. At the outset of that hearing, Dr Zahid made full admissions to the entirety of the Allegation. Dr Zahid admitted that he falsely completed an application form to the GMC for full registration. In the application form Dr Zahid falsely stated that he had completed an internship and/or rotations as part of an internship which also took in a

one year probationary period concluding on 21 October 2016. Dr Zahid also dishonestly stated that, as part of that internship during the one year probationary period, he completed rotations in surgery (28 March to 9 September 2016) and rotations in emergency medicine (12 September to 21 October 2016).

6. Dr Zahid accepted that his conduct as set out in the Allegation amounted to serious misconduct.

7. The February 2025 Tribunal considered the nature of the misconduct and the relevant paragraphs of Good Medical Practice (GMP). It noted that Dr Zahid's dishonesty was with his regulator and regarded his professional qualifications and registration. The February 2025 Tribunal took notice of the submission made by Dr Zahid's counsel, that the various dishonest actions in support of the doctor's application amounted in effect to one act of dishonesty to secure his GMC registration. The February 2025 Tribunal also had regard to the fact that the dishonesty was sustained over a significant period and only conceded once there had been a complaint and subsequent investigation by the GMC to expose it.

8. The February 2025 Tribunal was therefore satisfied that the dishonesty was significant and constituted a breach of the basic tenet as set out in Paragraph 1 of GMP that doctors should be *'honesty and trustworthy and act with integrity.'*

9. The February 2025 Tribunal was also satisfied that Paragraphs 65 and 66 of GMP were engaged:

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

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

10. The February 2025 Tribunal determined that Dr Zahid's actions amounted to serious misconduct.

11. When determining whether Dr Zahid's fitness to practise was impaired, the February 2025 Tribunal also noted that there was strong evidence of insight and remediation on the part of Dr Zahid. When considering the overarching objective, the February 2025 Tribunal was satisfied that Dr Zahid was not a current risk to the public. It was of the view that the nature of the misconduct, securing admission to the medical register through the exercise of dishonesty, was such that it must carry a potential risk to the public. However, the February 2025 Tribunal was of the view that in the particular circumstances of this case, that potential

risk was more pertinent to the remaining two limbs of the overarching objective as set out below:

‘Promote and maintain public confidence in the medical profession;’

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

12. The February 2025 Tribunal found that the dishonest misconduct was likely to undermine public confidence in the medical profession, since the public were entitled to assume that doctors fully and honestly engaged with their regulator. It was of the view that a member of the public would be extremely concerned to hear that a doctor had misled his professional body in order to secure registration.

13. The February 2025 Tribunal also found that the nature of the dishonesty was such that it was necessary for it to be marked in order to maintain proper professional standards and conduct. It was of the view that fellow practitioners would hold Dr Zahid’s actions, in making a false declaration in such important circumstances, to be deplorable.

14. The February 2025 Tribunal determined that a finding of impairment was necessary to uphold the second and third limbs of the overarching objective.

15. When considering what sanction to impose, the February 2025 Tribunal determined that Dr Zahid’s dishonesty was serious, but that it did not find it to be persistent, rather that it was a single incident, albeit maintained for a significant period. The February 2025 Tribunal was satisfied that whilst Dr Zahid’s actions were a serious departure from the principles set out in GMP, he had demonstrated significant remediation and insight and that his actions were not fundamentally incompatible with continued registration.

16. The February 2025 Tribunal determined to suspend Dr Zahid’s registration for a period of six months. It also determined that a review hearing was not required due to the nature of the misconduct, the high level of insight and consequent low risk of repetition. It noted that the rationale for suspending Dr Zahid’s registration was to mark the seriousness of his actions, maintain public confidence and uphold proper standards. The February 2025 Tribunal considered that a review hearing would serve no purpose or be a pragmatic use of resources.

17. The decision not to direct a review was subsequently considered by an Assistant Registrar (‘AR’) at the GMC and their decision is dated 3 April 2025. The AR set out that,

having reviewed the MPT's determinations in detail, there was no indication that the MPT considered the impact of this period out of practise on the doctor's knowledge and skills and whether patient safety would be put at risk in Dr Zahid returning to unrestricted practise at the conclusion of the sanction. The AR decided that it is was appropriate for a review hearing to be directed, pursuant to Section 35D(4B). The AR set out that a reviewing MPT may be assisted by evidence from Dr Zahid that he has maintained his knowledge and skills during the period of his suspension.

Today's Hearing

Documentary Evidence

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

- a) the determinations from the February 2025 Tribunal;
- b) the written decision of the AR, dated 3 April 2025;
- c) various correspondence between Dr Zahid and the GMC;
- d) a letter from Dr Zahid, dated 26 June 2025, in which he provided set out the steps he has taken in respect of extended learning courses;
- e) certificates that verified 25 hours of Continuing Professional Development; ('CPD'), training he has undertaken;
- f) clinical guidelines and literature he has read;
- g) details regarding a clinical placement in an observation role; and
- h) supporting references from his supervisors.

19. At the outset of the hearing Dr Zahid submitted, by agreement, a further reflective document entitled: 'My Remediation Journey'.

Submissions

On behalf of the GMC

20. Mr Lewis Kennedy, Counsel, submitted that the GMC's position with regard to Dr Zahid's current fitness to practise was neutral but drew the Tribunal's attention to the evidence that had been requested by the AR and the case reviewer noting that all requirements had been met.

On behalf of Dr Zahid

21. Mr Christopher Lothian-Field, Counsel, submitted the Dr Zahid's fitness to practise was no longer impaired particularly in regard to clinical work given the evidence put before the Tribunal and added that it was not unusual for a doctor to take extended periods of leave from practice.

The Relevant Legal Principles

22. In a review case, in practical terms, there is a persuasive burden upon the doctor to demonstrate that all the concerns which have been identified have been adequately addressed and that remediation has taken place. If so, a Tribunal might then conclude that the doctor's fitness to practise is no longer impaired.

23. The Tribunal was advised that the decision in relation to impairment is a matter for the Tribunal's judgement alone. This Tribunal was advised that it is for the doctor to satisfy it, by evidence, that he would be safe to return to unrestricted practice.

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

The Tribunal's Determination on Impairment

25. The Tribunal considered whether Dr Zahid's fitness to practise is currently impaired by reason of his misconduct.

26. The Tribunal had regard to the findings and conclusions of the February 2025 Tribunal, the submissions from both parties, and the documentation that has been provided to this Tribunal.

27. The Tribunal looked at Dr Zahid's misconduct and the seriousness of that misconduct and noted the findings of the February 2025 Tribunal, specifically paragraphs 37, 38, 41, 42, and 44, which stated:

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

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

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

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

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

‘Protect and promote the health, safety and wellbeing of the public’.

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

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

*‘Promote and maintain public confidence in the medical profession;’ and:
‘Promote and maintain proper professional standards and conduct for the members of the profession’.*

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

28. This Tribunal endorsed and agreed with the reasoning of the February 2025 Tribunal’s determination.

29. The Tribunal first looked at remediation with regard to public confidence stemming from Dr Zahid’s dishonesty which was the reason for the finding of impairment which led to the sanction of 6 months suspension.

30. The Tribunal noted that the substantive February 2025 Tribunal was of the view that Dr Zahid's misconduct gave rise to significant public confidence concerns, but it concluded that a review at the end of the period of suspension was not necessary. This was due to it finding Dr Zahid's high level of insight and a low risk of his misconduct being repeated. This review only came about because the GMC has exercised its power to order a review on the grounds of clinical competence.

31. The Tribunal agreed that Dr Zahid has continued on his journey of gaining insight and remediating with regard to public confidence acknowledging activities such as:

- a) Dr Zahid has reflected and read around his misconduct,
- b) Dr Zahid has been open about his suspension and the reason for it,
- c) Dr Zahid produced further revised reflections demonstrating further insight and remediation into ethics, honesty and probity.

32. The Tribunal was impressed that Dr Zahid continues to develop his insight and remediate further as demonstrated in his reflections and noted that Dr Zahid engaged the one-to-one support of a medical ethicist. It also saw the Dr Zahid had put in place practical tools such as journalling to continue reflecting on his probity.

33. The Tribunal noted his actions were supported by good evidence such as feedback from Dr Zahid's clinical attachment supervisors which contained only positive commendations and it also noted that Dr Zahid had been open about his GMC suspension and about his probity allegations. The Tribunal saw Dr Zahid's candid disclosure of the findings against him as a significant form of insight and remediation and was of the view it would have been difficult to openly disclose his probity issues to colleagues and, in particular, patients.

34. The Tribunal, with regard to public confidence, noted that all of his hard work decreased any risk of repetition.

35. The Tribunal was, therefore, more than satisfied that Dr Zahid had restored public confidence in his integrity and that the risk of future probity concerns was very low.

36. The Tribunal then considered the issue of clinical competence by virtue of Dr Zahid's 6 month suspension, amounting to a total of 20 months out of practice.

37. The Tribunal noted that, at the time of the substantive hearing in February 2025, Dr Zahid's was performing at a higher level (clinically) than his qualification and experience

would indicate. The Tribunal agreed that it was important to consider evidence of how Dr Zahid maintained his clinical competence during his period away from clinical practice.

38. The Tribunal had regard to the documentary evidence of CPD courses undertaken by Dr Zahid to reinforce and keep his clinical competence up to date. It noted that it was agreed these were comprehensive and relevant to returning to practise in his clinical field.

39. The Tribunal also noted Dr Zahid's concerted efforts to gain the clinical attachment in July 2025 and the impressive feedback received from his two supervisors with regard to his participation in that attachment.

40. The Tribunal was impressed by the fact Dr Zahid has completed 25 hours of certified CPD in addition to many hours of other uncertified educational activities. It noted Dr Zahid had gone beyond what was necessary to restore confidence in him and in the medical profession as a clinician.

41. The Tribunal saw that Dr Zahid had done a notable amount of personal study, maintaining a journal and reading relevant material.

42. The Tribunal endorsed and agreed with the GMC submissions by Mr Kennedy that Dr Zahid provided all the evidence required by the Assistant Registrar, taken onboard all comments made when directed on what he needed to provide regarding evidence of his current clinical competence, sought out clinical learning opportunities and had received positive feedback from his supervisors. The Tribunal accepted the GMC's submission 'that Dr Zahid had gone above and beyond' to meet the GMC's requirements.

43. The Tribunal was of the view that the practical attachment would have enabled Dr Zahid's theoretical learning to further embed, supporting his future clinical practice.

44. The Tribunal concluded the Dr Zahid was safe to return to unrestricted practise, having restored public confidence and maintained his clinical competence.

45. The Tribunal therefore determined that Dr Zahid's fitness to practise is no longer impaired by reason of his misconduct.