PUBLIC RECORD

Dates: 11/03/2024 - 12/03/2024

Medical Practitioner's name:	Dr Nasir NAWASREH
GMC reference number:	6043691
Primary medical qualification:	MB BS 1998 Quaid-E-Azam Medical College

Type of case
Restoration following disciplinary erasure

Summary of outcome
Restoration application refused. No further applications allowed for 12 months from last application.

Tribunal:

Legally Qualified Chair	Mr David Urpeth
Lay Tribunal Member:	Miss Susan Hurds
Medical Tribunal Member:	Dr John Smith

Tribunal Clerk:	Mx Nate Caruso-Kelly

Attendance and Representation:

Medical Practitioner:	Present, not represented
GMC Representative:	Mr Terence Rigby, 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 Restoration - 12/03/2024

1. The Tribunal has convened to consider Dr Nawasreh's application for his name to be restored to the Medical Register following his erasure for disciplinary reasons in 2018.

2. The Tribunal has considered the application in accordance with Section 41 of the Medical Act 1983, as amended ('the Act') and Rule 24 of the GMC (Fitness to Practise) Rules 2004, as amended ('the Rules').

3. This is Dr Nawasreh's first application to be restored to the Medical Register.

Background

4. Dr Nawasreh qualified as a doctor in 1998, having completed his basic medical education at Quaid-E-Azam Medical College in Pakistan. He moved to Jordan for Senior House Officer training from January 1999, subsequently moving to the United Kingdom in July 2001. Dr Nawasreh worked in Trust Grade and locum Staff Grade posts in the UK until August 2008. He moved to the United Arab Emirates to work as a family physician, subsequently taking a post at Sheikh Khalifia General Hospital ('SKGH') in December 2013.

5. The circumstances that led to Dr Nawasreh's erasure relate to events considered at an MPTS hearing that took place in 2018.

<u>The 2018 Tribunal hearing</u>

6. A Medical Practitioners Tribunal (MPT) convened to consider Dr Nawasreh's case on 18 September to 4 October 2017 and 5 March to 8 March 2018 ('the 2018 Tribunal'). Dr Nawasreh was not present and not represented in the 2017 sitting and was present but not represented in the 2018 sitting. Dr Nawasreh denied the Allegation in its entirety.

7. Dr Nawasreh was referred to the GMC on 4 April 2015 by an anonymous complainant who stated that Dr Nawasreh had been investigated following an allegation of medical negligence against him in Dubai from 2011. That concern related to allegations of negligence and substandard care provided by Dr Nawasreh to Patient A. The 2018 Tribunal considered these

allegations and found that a warning letter was issued to Dr Nawasreh on 29 October 2013 by the Dubai Healthcare City Authority's (DHCA) Licencing Board.

8. The 2018 Tribunal found that Dr Nawasreh had failed to declare this information when applying for a Certificate for Eligibility for GP Registration ('CEGPR') on 12 January 2014, and further in an application to register with the Accident and Emergency Agency on 22 July 2014. The 2018 Tribunal further found that when Dr Nawasreh completed a Review CEGPR on 3 November 2015, he again failed to declare the warning he received in 2013. The 2018 Tribunal found that Dr Nawasreh's actions in failing to declare the 2013 warning in each of these applications were dishonest and misleading.

9. The 2018 Tribunal also considered allegations that the supporting material submitted by Dr Nawasreh on 3 November 2015 contained a letter claiming that Nurse E was the Acting Head of the Emergency Department in which Dr Nawasreh had previously worked. The 2018 Tribunal found that, according to GMC guidance provided to Dr Nawasreh at the time, the document should have been validated by a person in a medical supervisory position, and it found that Dr Nawasreh therefore knew that Nurse E was not able to validate the document. The 2018 Tribunal found that Dr Nawasreh's actions in providing the document signed by Nurse E were dishonest and misleading.

10. Finally, the 2019 Tribunal found that Dr Nawasreh had acted dishonestly when, as part of his CEGPR application, he informed the GMC that Consultant D was his supervisor, when he knew this to be untrue.

11. The 2018 Tribunal found that Dr Nawasreh's actions amounted to misconduct. When considering misconduct, the 2018 Tribunal stated:

> *'The tribunal was of the view that the allegations proved are aggravated by their repetition, in circumstances where you were fully cognisant of your duty to provide correct information to the GMC when making applications for CEGPR. These actions were motivated by your own interests.*
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> *Further, the tribunal considered that the facts which gave rise to the warning related to patient safety and the matter was upheld against you. The failure to declare the warning to the GMC deprived it of undertaking a real risk assessment of your fitness to practise. It follows that without such a risk assessment by the GMC, had your application for CEGPR been granted, you may have presented a risk to patient safety.*
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> *The tribunal determined that other medical practitioners would consider your dishonest actions to be deplorable and that they bring the medical profession into disrepute.'*

12. The 2018 Tribunal determined that Dr Nawasreh's fitness to practise was impaired by reason of his misconduct. The Tribunal noted in particular Dr Nawasreh's lack of insight:

> *'You seemed unable to appreciate your duty to disclose the warning to the GMC notwithstanding your disagreement with the underlying facts. Given your stance, the tribunal was left with the impression that you had not even started the journey of insight required into your actions. The tribunal found it especially worrying that you could not identify any potential patient safety concerns as a result of your dishonest conduct.*
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> *With regard to the false validation of documents by Nurse E, the tribunal concluded that you did not accept the facts found proved and particularly that your actions were dishonest. … The tribunal had regard to its determination on the facts that you had received clear information and advice from the GMC as to how and by whom documents should be validated, yet you failed to do so. The tribunal considered that your failure to acknowledge the findings made against you had prevented you from demonstrating insight into your actions.*
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> *The tribunal considered that you largely did not accept the findings made against you, that you had therefore not developed any insight into your actions and there was no evidence of reflection or remediation on your part. There was no evidence from you as to how your actions may have affected patients or the profession. The tribunal concluded that you have been dishonest in the past and, given your lack of insight, there remains a risk of repetition in the future.'*

13. In making its determination on sanction, the 2018 Tribunal stated:

> *'The tribunal determined that erasure of your name from the medical register is the appropriate and proportionate sanction to address the risks in this case, both in terms of patient safety, but more particularly on public interest grounds. The tribunal determined that the sanction of erasure in your case would be appropriate to maintain confidence in the profession and promote proper professional standards and conduct for members of the profession.'*

14. The 2018 Tribunal determined to erase Dr Nawasreh's name from the Medical Register.

15. Since the 2018 Tribunal, Dr Nawasreh has worked as a full-time medical doctor in Jordan, as head of the Emergency Department at Bareen International Hospital between 2016 and 2020, and Irbed Specialty Hospital in 2022, and head of the primary medical centre in the Jordan Ministry of Health until August 2023.

The Current Restoration Hearing

The Evidence

16. The Tribunal has taken into account all the evidence that it has received, both oral and documentary.

Documentary Evidence

17. The parties provided the following documentary evidence, including: Dr Nawasreh's Restoration application dated 13 June 2023, written submissions from Dr Nawasreh dated between 15 June 2023 and 14 February 2024, email from Dr F to Dr Nawasreh dated 22 February 2024, various certificates and testimonials dated between September 2020 and December 2023, records of training and E-learning dated between 2005 and February 2024, Google online patient reviews, Record of Determination of the 2018 Tribunal, and Transcripts of the 2018 Tribunal.

Witness Evidence

18. Dr Nawasreh gave oral evidence at the hearing. Dr Nawasreh stated that he has worked hard for five years to return to the UK and work in the NHS. Dr Nawasreh referred to his Facebook page where he posts informational videos about health and the common and serious problems faced by his patients. Dr Nawasreh stated the purpose of this page was to affirm his professionalism, behaviour and medical practice as per Good Medical Practice (2013, as amended) ('GMP').

19. In regard to the testimonials provided, Dr Nawasreh stated that the most recent testimonial from Dr G is undated because he copied and pasted it from an email. Dr Nawasreh accepted that the most recent dated testimonial is from 2019 and he has no further testimonials to provide.

20. Dr Nawasreh stated that he has full insight, the allegations are remediable, and he has made apologies on various occasions. Dr Nawasreh stated that when he received the warning in Dubai in 2013, he was facing difficult personal circumstances and he did not declare the warning to the GMC. Dr Nawasreh further stated that in the future he would not withhold information from the GMC and would call them to discuss any issues which arose. Dr Nawasreh stated that it was selfish of him to hide information from the GMC and at the time he did not have insight into why that was wrong.

21. Dr Nawasreh stated that since the hearing in 2018, he has held various positions as the head of an emergency department, head of a primary healthcare trust, and in a private walk-in clinic. Dr Nawasreh stated that he always works with GMP in mind, trains staff according to the principles of GMP, and noted the new version of GMP published this year. Dr Nawasreh stated that he has kept his knowledge up to date according to the NHS training programmes, and that he has implemented this training in his management of various departments as set out above. Dr Nawasreh stated that during his time as the head of a medical centre he was responsible for the supervision of a dentist, pharmacists, a family clinic, a vaccine clinic, an emergency room, and various administrative functions, including around four doctors. Dr Nawasreh further stated that he was responsible for supervising up to 16 SHOs when he was head of an emergency department.

22. Dr Nawasreh stated that since the original hearing there have been no new allegations made against him and he has worked hard to regain his registration and return to working in the NHS. Dr Nawasreh further described his telemedicine practice and the ways in which he developed the necessary skills while adhering to GMP.

23. Dr Nawasreh stated that he left his last clinical post in August 2023 due to being unable to extend a period of unpaid leave, and since then he has been continuing his telemedicine practice and attending a training course in paediatrics, as well as developing other skills in construction. Dr Nawasreh stated that he felt he was unable to return to Jordan to take up his previous post due to his age and the disagreement over leave.

24. When asked by Mr Rigby, counsel for the GMC, whether he accepted that it was wrong of him to make false declarations regarding Nurse E and Consultant D, Dr Nawasreh accepted that Nurse E's letter was not verified and that this was wrong on his part. However, he stated that the letter carried 'nil value' and was only a small part of his application. He further stated that this allegation was brought by Mr B, and he has produced further evidence for this Tribunal that Nurse E was the head of the department. Dr Nawasreh, when asked what he had learnt from the 2018 Tribunal, stated that he had learnt to be more vigilant, more careful, and to read and adhere to guidelines more closely.

25. In response to questions from the Tribunal, Dr Nawasreh stated that dishonesty is a mistake which should not be repeated, and that once a person is dishonest with the GMC it damages the relationship and leaves a black spot on the person's record. He further stated that he won't repeat his dishonest behaviour because he has learned from the GMC and intends to treat it as his 'mother board', taking into account the policies and guidelines it

publishes. Dr Nawasreh further set out that he had completed training on how to avoid GMC disciplinary proceedings and understands that honesty is an important part of British culture and even a small piece of dishonesty can lead to confusion and complications.

Submissions on behalf of the GMC

26. On behalf of the GMC, Mr Rigby submitted that the GMC opposed Dr Nawasreh's restoration application. Mr Rigby submitted that the GMC is not aware of any further issues being raised since Dr Nawasreh's erasure in 2018, and he does not dispute the work history he has provided.

27. Mr Rigby submitted that during the previous five years, Dr Nawasreh has been working as a doctor and has taken some steps to improve and retain his knowledge and expertise, although he submitted that caution should be exercised when considering the certificates provided which do not clearly set out the terms and method of learning. Mr Rigby submitted that only one course on ethics has been undertaken, and all others are about various aspects of medical practice that are not relevant to the concerns which led to Dr Nawasreh's erasure.

28. Mr Rigby sated that the GMC has four areas of concern regarding Dr Nawasreh's application. Firstly, whether Dr Nawasreh's misconduct as determined in 2018 can be remediated, given that the findings of repeated dishonesty were very serious. Mr Rigby remined the Tribunal that the 2018 Tribunal found evidence that Dr Nawasreh had failed to inform the authority responsible for his practice of the GMC hearing itself, and the 2018 Tribunal found that no lessons had been learned by Dr Nawasreh at that time. Mr Rigby therefore submitted that there was a concern as to whether the misconduct can be remediated.

29. Secondly, Mr Rigby submitted that, in regard to insight, while Dr Nawasreh had made clear and repeated apologies and expressions of remorse, there remained concerns that he doesn't entirely accept that what he did was seriously wrong. Mr Rigby stated that this is evidenced in the bundle, where Dr Nawasreh has provided information refuting the validity of the warning in 2013 and seeking to disprove the allegation regrading Nurse E's position.

30. Thirdly, Mr Rigby submitted that there is no clear evidence that Dr Nawasreh has taken any positive concrete steps to deal with his misconduct and has only taken one online course which deals with professional ethics.

31. Lastly, Mr Rigby submitted that there is a lack of testimonial evidence, with no testimonial dated later than December 2019, and the undated testimonial appearing to be out of date given the information contained within it.

32. In summary, Mr Rigby submitted that, for those reasons, the GMC opposes the application.

Dr Nawasreh's submissions

33. Dr Nawasreh submitted that he has admitted the allegations found proved by the 2018 Tribunal, apologised at the time, and repeated his apology again now. Dr Nawasreh submitted that he now has full insight into what happened, and that the circumstances he was put in, including issues with his XXX and Mr B made this difficult at the time. Dr Nawasreh submitted that the allegations are remediable and for the last five years he has done his best and used all available resources to remediate. Dr Nawasreh submitted that his heart is set on returning to the NHS and he expressed this intention to the 2018 Tribunal. Dr Nawasreh stated that he is a changed person, and he now works within the principles set out in GMP.

The Tribunal's Approach

34. The Tribunal reminded itself that its power to restore a practitioner to the Medical Register in accordance with Section 41 of the Act is a discretionary power. This power is to be exercised in the context of the Tribunal's primary responsibility to act in accordance with the statutory overarching objective to protect the public, as set out later in this determination.

35. While the Tribunal has borne in mind the submissions made by the parties, the decision as to whether to restore Dr Nawasreh's name to the Medical Register is a matter for this Tribunal exercising its own judgment. The Tribunal reminded itself that, if it directs that Dr Nawasreh's name should be restored to the Medical Register, it can do so only without restrictions on his practice.

36. Throughout its consideration of Dr Nawasreh's application for restoration, the Tribunal was guided by the approach laid out in the MPTS 'Guidance for medical practitioners tribunals on restoration following disciplinary erasure' ('the Guidance').

37. The Tribunal reminded itself that the onus is on Dr Nawasreh to satisfy it that he is fit to return to unrestricted practice and that the Tribunal should not seek to go behind the original Tribunal's findings on facts, impairment or sanction.

38. The Guidance sets out at B2 that the test for the Tribunal to apply when considering restoration is:

> *'Having considered the circumstances which led to erasure and the extent of remediation and insight, is the doctor now fit to practise having regard to each of the three elements of the overarching objective?'*

39. The Tribunal reminded itself that, in making its decision, it should consider the following five factors set out within paragraphs B4-B34 of the guidance which address:

a. the circumstances which led to the erasure;
b. whether Dr Nawasreh has demonstrated insight into the matters that led to erasure, taken responsibility for his actions and actively addressed the findings about his behaviour or skills;
c. what Dr Nawasreh has done since his name was erased from the register;
d. the steps Dr Nawasreh has taken to keep his skills and knowledge up to date; and
e. the lapse of time since erasure;

and then go on to determine whether restoration will meet the overarching objective.

The Tribunal's Decision

40. The Tribunal has considered the parties' submissions carefully and has evaluated the evidence in order to reach its decision as to whether Dr Nawasreh is fit to practise.

Circumstances Leading to Erasure

41. The tribunal noted that erasure occurred following repeated acts of dishonesty. The Tribunal found that very troubling.

Insight and Remorse

42. The Tribunal had regard to paragraphs B6, B10, and B12 of the Guidance:

> *'B6 It will be important for the MPT to assess whether the doctor has demonstrated insight into the findings that led to their erasure. It is crucial that a doctor has genuine insight into what went wrong and appreciates what could have been done differently.*

They should also understand how they could act differently in the future to avoid similar concerns occurring again.

B10 Factors that can be relevant to a doctor demonstrating genuine insight include, but are not limited to, evidence they have:

a considered the concern, understood what went wrong and accepted they should have acted differently
b demonstrated that they fully understand the impact or potential impact of their performance or conduct, for example by showing remorse (see below)
c demonstrated empathy for any individual involved, for example by apologising fully (see below)
d taken steps to remediate and to identify how they will act differently in the future to avoid similar issues arising (see below)

B12 Expressing remorse involves the doctor taking responsibility and exhibiting regret for their actions. This could include evidence that the doctor has:

a been open and honest about and admitted their wrongdoing
b apologised fully
c undertaken appropriate remediation.'

43. The Tribunal considered the submissions and oral evidence provided by Dr Nawasreh. The Tribunal was, in particular, concerned by Dr Nawasreh's repeated revisiting of the factual matters as determined by the 2018 Tribunal, as well as attempts to provide mitigation for his actions and explain his motivations. The Tribunal found that Dr Nawasreh is still unable to completely accept that what he did was wrong or properly explain how he would act differently in the future. The Tribunal further found that Dr Nawasreh had not shown a true sense of regret and attempted to minimise the seriousness of his actions with explanations, for example, stating that the letter provided by Nurse E was of 'nil value' to his CEGPR application.

44. The Tribunal was further concerned that Dr Nawasreh has made no reference to the impact of dishonesty on the profession and on the public's trust in the profession, nor has he apologised to the profession as a whole.

45. The Tribunal therefore determined that Dr Nawasreh continues to show a low level of insight and remorse into his actions.

Remediation

46. The Tribunal first considered whether the misconduct was remediable, taking into account paragraph B18 of the Guidance:

'B18 It can be more difficult to demonstrate sufficient remediation in cases involving serious behaviour such as dishonesty, sexual misconduct, violence or abusive behaviour and unlawful discrimination, and cases where the doctor's behaviour towards patients, colleagues or other individuals in the workplace suggests underlying problems with their attitude or, in very serious cases involving clinical failings, indicates the doctor is reckless as to the safety of patients.'

47. The Tribunal bore in mind the seriousness of the 2018 Tribunal's findings of repeated dishonesty and found that it would be very difficult to remediate the misconduct in this case.

48. The Tribunal further considered paragraphs B15 and B20 of the Guidance:

'B15 Remediation can take several forms, including, but not limited to:
a participating in training, supervision, coaching and/or mentoring relevant to the concerns raised
b attending courses relevant to the concerns raised, for example anger management, maintaining boundaries, ethics or English language courses
c evidence that shows what a doctor has learnt following the events that led to the concerns being raised, and how they have applied this learning in their practice (where applicable)
d evidence of good practice in a similar environment to where the concerns arose.

B20 The quality of the steps the doctor has taken to remediate the concerns is key to assessing the impact it has had or is capable of having. The tribunal should consider whether any remediation undertaken by the doctor is:
a relevant – in that the steps taken to remediate have directly addressed the concerns identified
b measurable – in that there is objective evidence available that helps the tribunal understand what has been done and what, if anything, is left to be done, and
c effective – in that there is enough information for the tribunal to see how any learning has been assessed and/or applied by the doctor and its impact or success.'

49. The Tribunal found that Dr Nawasreh has undertaken one course on ethics which appears to be relevant to the misconduct in this case. However, there was no evidence as to the mode of learning, depth of content, or any reflection from Dr Nawasreh on how this course had impacted his practice. The Tribunal further found that one ethics course does not address the repeated serious dishonesty which Dr Nawasreh was attempting to remediate. The Tribunal noted the other evidence of training provided. However, it determined that this related mostly to clinical training.

50. The Tribunal therefore determined that Dr Nawasreh had undertaken very limited relevant remediation.

Risk of repetition

51. The Tribunal took into account paragraphs B22 and B23 of the Guidance:

'B22 When considering if it is likely that the concerns will be repeated, the tribunal will need to consider the extent of the doctor's insight and whether the steps that have been taken by the doctor to remediate are sufficient to achieve public protection.

B23 Tribunals can also consider the following factors in assessing whether the concerns are likely to be repeated:

a whether there was a pattern of similar concerns

b the environment in which a doctor has been working since their erasure

i. where a doctor has been working in a similar environment to where the concerns arose and has been exposed to situations when there was a risk of repeating the concerns, the absence of repetition will be relevant

ii. where a doctor has not been working in a similar environment to where the concerns arose the absence of repetition will be of little or no relevance

c the circumstances giving rise to the concerns – if the concerns arose in unique circumstances which are themselves unlikely to be repeated, then, it may suggest that the risk of repetition in the future is reduced

d what steps a doctor has put in place to avoid the circumstances arising again and/or to cope with those circumstances, should they arise again

e whether the doctor has an otherwise positive professional record, including an absence of any other concerns from past or current employers or another regulatory body.'

52. The Tribunal found that the risk of Dr Nawasreh repeating his misconduct remains high. The Tribunal noted that the dishonesty formed a pattern of similar concerns, which continued to arise during the 2018 Tribunal. The Tribunal, as set out above, was concerned that Dr Nawasreh's level of insight into the misconduct remains low and therefore the risk of repetition is high.

The steps Dr Nawasreh has taken to keep his medical knowledge and skills up to date

53. The tribunal noted that this is the doctor's first application, and it is made over five years post erasure.

54. The tribunal took into account paragraph B27 of the Guidance:

'B27 If the doctor has been practising overseas, tribunals should carefully consider whether they are in good standing, have provided a certificate to this effect, and if they are able to provide satisfactory references from current and previous employers.'

55. The Tribunal noted that Dr Nawasreh had provided a work history which involved various positions of employment over the last five years, and the GMC did not seek to challenge this. Despite documents adduced by Dr Nawasreh to evidence his employment and him giving oral evidence, the Tribunal found that there was a significant lack of clarity around what work he had carried out whilst aboard. The Tribunal was also concerned that there were no recent testimonials, peer reviews, or comments on the practice of Dr Nawasreh. The Tribunal therefore could not be satisfied that Dr Nawasreh had kept his medical knowledge and skills up to date.

Will restoration meet the overarching objective?

56. Having made the above findings as to whether Dr Nawasreh is fit to practise, the Tribunal next had regard to the statutory overarching objective. In so doing, it performed a balancing exercise, weighing its findings above with its obligations under all of the individual limbs of the overarching objective which are:

- To protect, promote and maintain the health, safety and well-being 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 that profession.

57. The Tribunal took into account its findings that Dr Nawasreh has shown limited insight, made little attempt at remediation, and remains at risk of repeating his misconduct. The Tribunal was mindful that issues around dishonesty and integrity can affect patient safety where there remains a risk of repetition. The Tribunal considered that all three limbs of the overarching objective, as set out, are engaged.

58. The Tribunal determined that Dr Nawasreh's name should not be restored to the Medical Register.

59. That concludes the case.