

PUBLIC RECORD

Dates: 17/07/2023

Medical Practitioner's name: Dr Nazia SOOMRO

GMC reference number: 6136534

Primary medical qualification: MB BS 2004 University of Karachi

Type of case	Outcome on impairment
Review - Misconduct	Not Impaired

Summary of outcome
Suspension revoked

Tribunal:

Legally Qualified Chair	Mr Andrew Mcloughlin
Medical Tribunal Member:	Mrs Deborah McInerny
Medical Tribunal Member:	Dr Zaheer Khonat

Tribunal Clerk:	Ms Jemine Pemu
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Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Lee Gledhill, Counsel of Doctors Defence Service
GMC Representative:	Ms Laura Kaye, 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 Impairment - 17/07/2023

1. At this review hearing the Tribunal now 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 Soomro's fitness to practise is impaired by reason of misconduct.

Background

2. Dr Soomro qualified as a doctor in 2004 from the University of Karachi in Pakistan. She worked in Pakistan for a little under two years. Dr Soomro started working for the NHS in 2007. Between May 2017 and August 2019, she worked at Newham University Hospital ('NUH') as a Senior Specialist Registrar in Gynaecology and Obstetrics. She also undertook locum shifts at Basildon University Hospital ('BUH'). Dr Soomro was working as an ST5 Specialist Registrar in Gynaecology and Obstetrics at Broomfield Hospital in Essex.

3. The admitted facts at Dr Soomro's hearing which took place in January 2023 (the January 2023 Tribunal) can be summarised as follows. Between 18 and 23 July 2019, Dr Soomro was scheduled to work a total of seven shifts of which three shifts at Newham University Hospital and three locum shifts at Basildon University Hospital directly overlapped each other. She worked these shifts even though she could not be present for and/or failed to complete a whole shift for one of the two shifts within each overlapping pair. In respect of one shift during this period, she was also not present for and/or failed to complete a whole shift because there was insufficient time to travel between Newham and Basildon between the end of one shift and the beginning of another. Dr Soomro worked without sufficient rest between a number of these shifts.

4. It was also admitted that on two dates in August 2018 and two further dates in June and July 2019 Dr Soomro worked at BUH as a locum whilst on sick leave from NUH. In relation

to the last of these dates, she is alleged to have informed her former employer that working as a locum at BUH while on sick leave from NUH was an isolated incident.

5. Dr Soomro admitted that her conduct was dishonest.

6. The initial concerns were raised with the GMC on 30 August 2019 by Dr B, the Medical Director at NUH. In the referral, he raised concerns about Dr Soomro working at BUH while on sick leave from NUH and working on shifts at those locations without allowing sufficient rest time between shifts. He was also concerned that the initial account provided to him by Dr Soomro in relation to these concerns was dishonest.

Evidence (January 2023 Tribunal)

Factual Witness Evidence

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

- Dr B, Medical Director at NUH dated 26 November 2019;
- Ms D, Medical Staffing Coordinator for the Division of Womens and Childrens services at BUH dated 28 November 2019 and 6 August 2021;
- Ms E, Medical Staffing Coordinator for the Obstetrics and Gynaecology and Paediatric & Neonates departments at NUH dated 10 January 2020 and 6 August 2021;
- Ms F, Revalidation Manager at the Medacs Healthcare locum agency dated 30 January 2020 and 7 August 2021; and
- Dr G, Rota Coordinator and Speciality Doctor in the Obstetrics and Gynaecology department at NUH dated 1 December 2022.

Documentary evidence

8. Dr Soomro gave oral evidence before the January 2023 Tribunal and provided a bundle of documentary evidence which included, but was not limited to:

- Online referral to the GMC from NUH dated 20 August 2019;
- Barts Health Managing Mental Health and Wellbeing Policy dated 17 September 2015;
- Barts Health Temporary Workers Policy dated 6 October 2015;
- Various correspondence between Dr B and Dr Soomro;

- Booking confirmation from Medacs for Dr Soomro’s shifts on 1 & 2 August 2018 and copies of Dr Soomro’s timesheets in respect of those shifts;
- Booking confirmation from Medacs for Dr Soomro’s shifts between 16 June to 31 July 2019 along with Dr Soomro’s timesheets for that period;
- Copies of the rota;
- Locum doctor handbook dated June 2019;
- Dr Soomro’s Working Time Regulations form dated 15 March 2017;
- Dr Soomro’s CV;
- Various testimonials sent on behalf of Dr Soomro; and
- Continued Professional Development (‘CPD’) certificates.

9. Dr Soomro provided the Tribunal with two witness statements dated 2 December 2021 and 4 September 2022. She also provided a document titled ‘Reflections of 2021-2023’.

7. In considering the aggravating factors, notwithstanding the development of insight into her dishonesty, the January 2023 Tribunal noted that there were several episodes of dishonesty and there was an element of personal financial gain in both the dishonesty and the working of lengthy shifts without sufficient rest periods between them. The financial gain in the latter respect involved putting Dr Soomro’s interests before those of her patients. Further, the January 2023 Tribunal noted that Dr Soomro did not immediately correct the account she had given to Dr B but wrote an email to him in which she maintained that her conduct had been as a result of a mistake.

8. In considering the mitigating factors in this case, the January 2023 Tribunal had regard to the full admissions made by Dr Soomro at the outset of the hearing. The January 2023 Tribunal also reminded itself that Dr Soomro has worked in the NHS since 2007 and has had no previous fitness to practise concerns during her lengthy career as a doctor in the UK. It considered that the episodes of dishonesty appear to have arisen in relation to specific circumstances and to have been episodic. The January 2023 Tribunal also noted the lapse of time since the misconduct.

9. The January 2023 Tribunal noted Dr Soomro had been appointed to a specialty training programme at ST3 level and was making good progress. She had completed her ST3 and ST4 training, and is currently a ST5 doctor. She was expected to meet the requirements to progress to ST6 level. During this period of training no concerns had been raised in relation to her probity or clinical competence. Her Educational Supervisors had been made aware of the current MPTS proceedings and had provided positive testimonials.

10. The January 2023 Tribunal also noted that the positive testimonials submitted by Dr Soomro demonstrated that she had made appropriate disclosures to her Educational Supervisors, and it considered that they demonstrate she was held in high regard and was a valued colleague. The January 2023 Tribunal concluded that neither the dishonesty in this case nor the working of indefensibly long hours demonstrate deep-seated attitudinal issues. Both were culpable responses to particular pressures.

11. The January 2023 Tribunal gave careful consideration to Dr Soomro's acknowledgement of the seriousness of the Tribunal's findings. It reminded itself of her oral evidence and its conclusion that this demonstrated that she had developed sufficient insight into her dishonesty for it to determine that there was not a significant risk of repetition. Whilst it took the view that she still had further work to develop her insight into not having sufficient rest periods between shifts and the effect this had on patient safety, it also considered the risk of repetition in this regard to be relatively low.

12. The January 2023 Tribunal also attached importance to the passage of time since the incident, and that this time had been spent making good progress within a specialty training programme.

13. The January 2023 Tribunal was of the view that, given Dr Soomro's developing insight, the relatively low risk of repetition and the other mitigating factors identified a period of suspension of 6 months would sufficiently mark the gravity of the misconduct in this particular case.

14. The January 2023 Tribunal determined to direct a review of Dr Soomro's case. The Tribunal stated that at the review hearing, the onus will be on Dr Soomro to demonstrate how she has addressed this Tribunal's concerns and is fit to practise without restriction. It suggested that it therefore may assist the reviewing Tribunal if Dr Soomro provides:

- A reflective statement in relation to the potential implications of working without allowing sufficient rest periods and the impact of a dishonest doctor on patients, colleagues and trust in the profession;
- An action plan including steps and measures to avoid recurrence of the dishonesty;
- Evidence she has kept her medical knowledge and skills up to date.

Today's Review Tribunal

The Outcome of Applications Made

15. The Tribunal granted an application made by Mr Gledhill, counsel on behalf of Dr Soomro, pursuant to Rule 34 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), for two defence bundles to be admitted into evidence. Ms Kaye, Counsel, on behalf of GMC, did not oppose the application.

The Evidence

16. The Tribunal has taken into account all the documentary evidence received which included but was not limited to:

- Record of Determination of the MPT hearing, dated 17 January 2023;
- Email from the GMC to Dr Soomro, dated 6 March 2023 containing a letter from the GMC to Dr Soomro, dated 6 March 2023;
- Email from the GMC to Dr Soomro, dated 6 April 2023 containing a letter from the GMC to Dr Soomro, dated 6 March 2023;
- Email from the GMC to Dr Soomro's Legal Representative, dated 19 June 2019;
- Dr Soomro's reflections on emotional intelligence, undated;
- Dr Soomro's reflections on the potential implications on working without allowing for sufficient rest periods, undated;
- Dr Soomro's action plan including steps to avoid recurrence of dishonesty, undated;
- Dr Soomro's reflections diary;
- CPD certificate on Abortion amongst adolescents, dated 26 May 2023;
- CPD certificate on Paediatric Adolescent and Gynaecology MDT on Primary ovarian insufficiency, dated 28 April 2023;
- CPD certificate on Paediatric Adolescent and Gynaecology MDT on Menstruation and Learning Difficulties, dated 17 February 2023;
- Dr Soomro's reflections titled, '*Professional Values and Ethics: Challenges, Solutions and Different Dimension*'.

17. The Tribunal also heard oral evidence from Dr Soomro.

Submissions

On behalf of the GMC

18. Ms Laura Kaye, Counsel, referred the Tribunal to paragraph 164 of the Sanctions Guidance (16 November 2020) ('SG') and submitted that the GMC's position on the matter of impairment is entirely neutral.

19. Ms Kaye referred the Tribunal to the documents provided on behalf of Dr Soomro and observed that it contained reflections and an action plan. She also took the Tribunal to the CPD record provided by Dr Soomro and submitted that it appeared to be more comprehensive in nature than those provided to the January 2023 Tribunal. Ms Kaye however observed that Dr Soomro's CPD was brief in identifying the behavioural issues that she needs to overcome. She submitted that Dr Soomro, in her reflections, discussed the importance of keeping balance between her personal and professional life but has not set out in material detail how that is going to be achieved in practical terms.

20. Ms Kaye further submitted that whilst Dr Soomro discussed boundaries and strategies, she provided limited details of what that would look like in practice. She also invited the Tribunal to weigh her observations in the balance when making its decision on impairment. Ms Kaye reminded the Tribunal that there is a persuasive burden on the doctor to satisfy it that their fitness to practice is no longer impaired by misconduct.

On behalf of Dr Soomro

21. Mr Lee Gledhill, Counsel, submitted that Dr Soomro's fitness to practice is no longer impaired. He submitted that Dr Soomro has engaged properly and provided sufficient evidence to prove to the Tribunal that she is no longer impaired.

22. Mr Gledhill submitted that Dr Soomro has expressed her disappointment and been apologetic about the way that she has conducted herself in the past. He submitted that Dr Soomro took the wrong path in dealing with the financial burdens of her difficult family circumstances. He submitted that if Dr Soomro did not fully understand the full impact of the decisions she made in the past, she does now and has demonstrated significantly developed insight. Mr Gledhill submitted that Dr Soomro has developed full insight into her past shortcomings and has remedied them. He submitted that she has apologised and has shown regret in the way that she has conveyed herself when giving evidence.

23. Mr Gledhill submitted that there is ample evidence to show that Dr Soomro understands the importance of maintaining public confidence in herself as well as the profession. He submitted that it is clear from Dr Soomro's oral evidence regarding her financial pressures and the way her career has been decimated by the impact of the suspension and her loss of her training number with an unclear future lying ahead.

24. Mr Gledhill submitted that Dr Soomro would make a very good doctor and she has sincerely considered the impact of her actions, not only on herself, but also on the profession

as a whole. He submitted that Dr Soomro has made sincere apologies and endeavours to never repeat her misconduct in the future. Mr Gledhill submitted that Dr Soomro has worked out a number of strategies related to family dynamics to prevent her misconduct from recurring. He reminded the Tribunal of Dr Soomro's oral evidence in which she stated that she fully understands the need to put her patients first over and above her family. Mr Gledhill submitted that Dr Soomro's passion for Obstetrics and Gynaecology is clear from the evidence she gave regarding her desire to keep mothers and babies safe. He submitted that Dr Soomro hopes to be able to pick up where she left off within her educational circles, but if she cannot, she may seek to start over again which would mean an additional four years of training rather than two.

25. Mr Gledhill submitted that Dr Soomro would also consider practicing as a middle grade doctor or a hospital grade doctor to continue building her portfolio. He submitted that the impact of Dr Soomro's misconduct goes further than the suspension imposed. Mr Gledhill submitted that Dr Soomro's career path has been decimated by her own actions and she recognises that she is the author of her own misfortune and will continue to regret her actions moving forward, not only because of its impact on her but also because of her inability to continue practicing medicine to help mothers and babies. Mr Gledhill submitted that Dr Soomro has expressed her desire to pass on her learning to future generations of doctors to ensure that the conduct of future doctors do not fall below the standards expected. He submitted that Dr Soomro has provided global evidence which demonstrates overwhelmingly that the risk of repetition is negligible.

26. Mr Gledhill submitted that Dr Soomro can offer a great deal to the profession of medicine moving forward. He submitted that the public interest works both ways, not only to protect members of the public, but also to ensure that good doctors can return to practise after a period of rehabilitation and the Tribunal should feel confident that Dr Soomro will be a competent practitioner moving forward. Mr Gledhill submitted that the evidence provided shows that the period of suspension has been effective in its aims and, keeping in mind the overriding objective, those various matters would still be satisfied even by the early termination of the suspension.

The Relevant Legal Principles

27. In a review case, there is a persuasive burden upon the doctor to demonstrate that she is safe to practise and no longer impaired.

28. The Tribunal reminded itself that the decision in relation to impairment is a matter for the Tribunal's judgement alone.

29. The Tribunal reminded itself that it must determine whether Dr Soomro’s fitness to practise is impaired today, taking into account her performance at the time of the events, the determination of the previous Tribunal, and any relevant factors since then such as insight and remediation, and her efforts to address the concerns around her fitness to practise.

30. In reaching its decision, the Tribunal bore in mind that its primary responsibility is to uphold the statutory overarching objective which is as follows:

- To protect, promote and maintain the health, safety and well-being of the public;
- To promote and maintain public confidence in the medical profession;
- To promote and maintain proper professional standards and conduct for members of that profession.

The Tribunal’s Determination on Impairment

31. In reaching its determination, the Tribunal considered the bundle of evidence provided by Dr Soomro. It was satisfied that the evidence she provided fulfilled the recommendations of the January 2023 Tribunal. It noted that in addition to her own written personal reflections, she has provided evidence of a significant range of remediation activity and relevant and thorough CPD.

32. The Tribunal was satisfied that Dr Soomro’s written reflections demonstrate insight into her misconduct. The Tribunal also found Dr Soomro’s explicit expressions of regret and shame to be genuine and persuasive.

33. In reaching its determination, the Tribunal considered that Dr Soomro’s misconduct was remediable even though it did breach one of the fundamental tenets of the medical profession. It therefore considered whether Dr Soomro had further developed her insight following the January 2023 Tribunal and whether she had sufficiently and appropriately remediated the matters giving rise to the findings of misconduct.

34. The Tribunal took the view that there was no evidence provided to show any substantial risk to patient harm caused by the overlapping shifts. It also noted the evidence of Dr Soomro in which she explained in great detail how patients would not be impacted if she was to face financial pressures in the future.

35. The Tribunal considered paragraph 164 of the Sanctions guidance:

164 *‘In some misconduct cases it may be self-evident that, following a short suspension, there will be no value in a review hearing. However, in most cases where a period of suspension is imposed, and in all cases where conditions have been imposed, the tribunal will need to be reassured that the doctor is fit to resume practice – either unrestricted or with conditions or further conditions. A review hearing is therefore likely to be necessary, so that the tribunal can consider whether the doctor has shown all of the following (by producing objective evidence):*

a they fully appreciate the gravity of the offence

b they have not reoffended

c they have maintained their skills and knowledge

d patients will not be placed at risk by resumption of practice or by the imposition of conditional registration. ‘

36. The Tribunal considered that Dr Soomro now understands the gravity of her offence. It noted that she has not reoffended, she has maintained her skills and knowledge and has not put patients at risk.

37. The Tribunal was not satisfied that Dr Soomro has a robust objective strategy on how to cope and deal with financial pressures in the future. It noted that she now discusses financial matters with her husband and stated in her oral evidence that she would now, and in fact has, asked for help from her parents and the local authorities. The Tribunal therefore was satisfied that, if faced by financial difficulties in the future, Dr Soomro would ask for help rather than repeating her misconduct. The Tribunal was satisfied that Dr Soomro has engaged and has been very proactive with proceedings. It placed great weight on her reflections on her personal circumstances and the impact of her actions on patients and the wider public. The Tribunal, noting that there had never been any suggestion of a risk to patient safety, was satisfied by the detailed reflective statements provided by Dr Soomro and considered that the risk of repetition was now low.

38. The Tribunal considered that Dr Soomro has learned a salutary lesson and now understands the privilege of being a member of the medical profession but with that privilege comes significant responsibilities such as maintaining patient confidence in the

profession, not putting patients at risk, acting honestly and not breaching fundamental tenets of the medical profession.

39. The Tribunal was satisfied that Dr Soomro has demonstrated deeper insight than she did before the January 2023 Tribunal and was therefore satisfied that Dr Soomro has shown remediation and the risk of repetition is accordingly very low.

40. In light of all the evidence and the insight and remediation that Dr Soomro has demonstrated, the Tribunal considered that a further finding of impairment was not necessary in order to uphold the overarching objective.

41. Accordingly, the Tribunal determined that Dr Soomro's fitness to practise is no longer impaired by reason of her misconduct.

ANNEX A – 17/07/2023

Revocation of current order- 17/07/2023

42. After announcing its decision that Dr Soomro’s fitness to practise is not impaired, the Tribunal invited the parties to make submissions as to whether to revoke the suspension in place on her registration or whether to allow it to expire. The current order of suspension will expire on 17 August 2023.

43. On behalf of the GMC, Ms Kaye submitted that the order should be left to expire. She submitted Dr Soomro was suspended for a period of 6 months to mark the serious nature of her misconduct and this need has not gone away. Ms Kaye also reminded the Tribunal that suspensions have a deterrent effect and can be used to send a signal out to the doctor, to the profession and the public about appropriate standards of behaviour. She submitted that the January 2023 Tribunal considered suspension to be an appropriate response to misconduct that was so serious that action must be taken to protect members of the public and maintain confidence in the profession.

44. Ms Kaye submitted that although there has been an acknowledgement of fault and the Tribunal is satisfied that there is a low risk of repetition, in light of finding no impairment, it does not automatically follow that the sanction imposed by the previous Tribunal should be lifted.

45. On behalf of Dr Soomro, Mr Gledhill reminded the Tribunal of its earlier submissions and stated that the order should be revoked. He submitted that part of the reasons for imposing an order of suspension can be for deterrence and to mark the seriousness of the misconduct. Mr Gledhill submitted that the two matters can be revisited when considering early revocation, if the doctor has taken steps that show that the deterrent effect has had a desirable impact and will continue to be a salutary lesson, even if it is brought to an end.

46. Mr Gledhill submitted that bringing the suspension to an end does not undermine the deterrent effect as a period of suspension has already been served. He further submitted that it is not obvious that another four weeks would be necessary to act as a deterrent or mark the seriousness of Dr Soomro’s misconduct as this has already been acknowledged.

47. The Tribunal determined that, in light of its decision that Dr Soomro’s fitness to practise is no longer impaired, there would be no public interest in allowing the period of

suspension to continue until the end of the order. It was satisfied that the purpose of the suspension had been fulfilled and she should be allowed to return to unrestricted practice. It took the view that continuing the suspension beyond today would have a punitive effect on the doctor as it has found that her fitness to practice is no longer impaired.

48. Accordingly, the Tribunal determined to revoke the current order of suspension with immediate effect.

49. That concludes the case.