

PUBLIC RECORD

Date: 06/07/2022

Medical Practitioner's name: Dr Sajid PERVEZ
GMC reference number: 6035980
Primary medical qualification: MB BS 1992 Bhagalpur University

Type of case **Outcome on impairment**
Review - Misconduct Not Impaired

Summary of outcome

Conditions revoked

Tribunal:

Legally Qualified Chair	Mr Damian Cooper
Lay Tribunal Member:	Ms Jane Kilgannon
Medical Tribunal Member:	Dr Prashanth Nandhabalan
Tribunal Clerk:	Miss Emma Saunders

Attendance and Representation:

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Andrew Hockton, Counsel, instructed by Hempsons
GMC Representative:	Ms Priya Khanna, 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 - 06/07/2022

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 Pervez's fitness to practise is impaired by reason of misconduct.

Background

2. Dr Pervez qualified in 1992 from Bhagalpur University, India. He has practised medicine for more than 25 years, which includes 10 years of medical practice in India and 15 years in the UK. Dr Pervez started his General Practitioner (GP) training in October 2012.

3. Dr Pervez's case was first considered by a Medical Practitioners Tribunal (MPT) which concluded in March 2017 ('the March 2017 Tribunal'). Certain matters had arisen whilst Dr Pervez was a General Practitioner (GP) trainee at the Hollies Medical Centre in Tamworth. This led to a referral to the GMC. The main part of the complaint related to Patient A, who had a history of urinary incontinence and vaginal bleeding. Patient A had undergone a gynaecological procedure six weeks prior to her consultation with Dr Pervez on 4 October 2012. Patient A had been advised by the hospital that if she experienced any problems after the procedure then she should see her GP who would refer her back to the hospital. Patient A consulted with Dr Pervez on 4 October 2012 after she had experienced vaginal bleeding and abdominal pain.

4. During that consultation, Dr Pervez recorded in Patient A's medical notes that she was no longer suffering from vaginal bleeding and that she was "*not keen for any medication or examination*", which was at odds with Patient A's version of events. Following this consultation Dr Pervez took advice from Dr B, Patient A's usual GP. He telephoned Patient A, who returned for another consultation on 5 October 2012. He recorded in Patient A's notes "*Not willing to be examined*". During that consultation Dr Pervez told Patient A that he had been advised by Dr B that he should not refer Patient A to the hospital (no such advice had

been given by Dr B). There was also an instance of retrospectively amending the patient records of another patient, Patient D.

5. The March 2017 Tribunal found that, by informing Patient A that Dr B had told Dr Pervez not to refer her to hospital, Dr Pervez had behaved dishonestly and his actions amounted to serious misconduct. The March 2017 Tribunal found that entering incorrect and misleading information in Patient A's medical records was not only dishonest but had the potential to cause Patient A harm. The March 2017 Tribunal considered that Dr Pervez's dishonesty in relation to Patient A departed from key principles in Good Medical Practice ('GMP') relating to probity and was a serious departure from the standards expected of a registered medical practitioner. It found that Dr Pervez's fitness to practise was impaired by reason of his misconduct.

6. The March 2017 Tribunal noted that, whilst Dr Pervez had apologised to Patient A during the Tribunal proceedings, it had no evidence of an apology to Dr B. The March 2017 Tribunal determined that it would be appropriate and proportionate to suspend Dr Pervez's registration for a period of six months. It was of the view that this would mark the gravity of his misconduct and give Dr Pervez the opportunity to reflect fully on his misconduct and develop full insight.

September / December 2017 Review ('the December 2017 Tribunal')

7. During his evidence, the December 2017 Tribunal found that Dr Pervez did not always answer questions in a direct manner and there appeared to be a difference between his oral evidence and his reflective statement in relation to dishonesty. That Tribunal concluded that Dr Pervez's acceptance of his dishonesty remained incomplete.

8. The December 2017 Tribunal was of the view that Dr Pervez's attempts to keep his medical knowledge and skills up to date were inadequate and superficial in terms of the limited time given to this and the lack of depth of the material. It determined that Dr Pervez had not fully addressed, or appreciated the gravity of, his misconduct.

9. The December 2017 Tribunal accepted that Dr Pervez had apologised to Dr B but had not been presented with any evidence to indicate that he had made written apologies to either Dr B or to Patient A. It also noted that Dr Pervez had only completed a small amount of Continuing Professional Development (CPD), which consisted of a brief list of courses undertaken with little evidence of reflection. It noted, in particular, that Dr Pervez had not

undertaken any CPD activities which directly addressed the concerns of the initial Tribunal nor had he selected courses which were specifically relevant to remediation. The December 2017 Tribunal had taken into account that Dr Pervez's dishonest behaviour was an isolated incident in a long and unblemished career which occurred several years ago. However, it concluded that Dr Pervez had taken insufficient steps to demonstrate sufficient insight or remediation to suggest that conditions would be appropriate. A further suspension of Dr Pervez's registration for five months was imposed.

May / June 2018 Review ('the June 2018 Tribunal')

10. The June 2018 Tribunal was provided with further documentary evidence, including short letters of apology to Patient A and to Dr B. However, Dr Pervez had not provided the June 2018 Tribunal with a statement demonstrating that he had fully reflected on his misconduct and its consequences on Patient A, Dr B and the profession. The Tribunal considered Dr Pervez's letters of apology to be wholly inadequate and did not demonstrate that he had reflected on his misconduct or gained any further insight.

11. The June 2018 Tribunal noted that, since the review hearing in December 2017, the only evidence of CPD that Dr Pervez had provided was his attendance on a Physicians General Update course on 15 May 2018. However, Dr Pervez did not provide the Tribunal with any details of what the course consisted of or whether it addressed the concerns relating to communication, record keeping and probity.

12. Whilst the June 2018 Tribunal was mindful that Dr Pervez did not need to admit dishonesty in order to demonstrate insight, it considered that it was essential that he recognised the gravity of his misconduct. The June 2018 Tribunal concluded that Dr Pervez had not developed full insight into his misconduct and that, until he did so, it would not be possible to remediate that misconduct. In those circumstances, the June 2018 Tribunal determined that Dr Pervez's fitness to practise remained impaired by reason of misconduct, and decided to impose a further period of suspension of six months.

December 2018 Review ('the December 2018 Tribunal')

13. The December 2018 Tribunal was of the view that Dr Pervez's insight was developing, although perhaps not to the level that would have been expected. However, it accepted that Dr Pervez had made progress since the previous review hearing. The December 2018 Tribunal considered that Dr Pervez's latest reflective statement was more detailed and that

he had made more effort to complete relevant courses. The December 2018 Tribunal concluded that Dr Pervez's fitness to practise remained impaired but was of the view that he was in a better position than he was six months ago.

14. Notwithstanding all of the above, the December 2018 Tribunal determined that a finding of impairment of fitness to practise was necessary for the protection of patients and in the wider public interest. The Tribunal acknowledged that Dr Pervez's insight required further development but that a further period of suspension would be counter-productive and would not assist in his gaining full insight into his misconduct. The December 2018 Tribunal concluded that supervised practice was the most appropriate way to assist Dr Pervez in gaining full insight and, therefore, remediation.

15. The December 2018 Tribunal was concerned about the fact that Dr Pervez had been suspended for 21 months and would require direct supervision for a period of time to enable him to practise in a way that did not put the public at risk. The December 2018 Tribunal decided that, in order for the risk to be minimised, Dr Pervez would need to develop a working relationship with a supervisor who could assist him. Such a relationship could not be established unless he were in a fixed term contract for a minimum of six months, given the conditions that the Tribunal had imposed. The December 2018 Tribunal determined to impose conditions on Dr Pervez's registration for a period of two years. This would afford Dr Pervez the time and opportunity to obtain suitable employment and to work with his educational and clinical supervisors to bring his medical skills and knowledge up to date.

May / June 2020 Review ('the 2020 Tribunal')

16. The 2020 Tribunal noted that the previous Tribunal had envisaged that Dr Pervez could return to clinical duties and develop the further remediation and insight whilst working. Dr Pervez gave evidence to the 2020 Tribunal about the difficulties he had in terms of securing any work. Whilst the 2020 Tribunal accepted that the current conditions might have made it difficult for Dr Pervez to find a clinical position, it had to balance the interests of the doctor against the protection of the public and the overarching objective.

17. The 2020 Tribunal was of the view that the evidence provided by Dr Pervez demonstrated that he had continued to show some further insight and made positive steps to remediate the misconduct previously found. However, things had also been held in limbo, at least in part because he had not returned to a clinical setting where the interactions with

other professionals (as envisaged by the December 2018 Tribunal) would assist in his remediation.

18. The 2020 Tribunal acknowledged the submission on behalf of Dr Pervez that the predominant concern in respect of patient safety was the period of time that Dr Pervez had been out of practice and the inherent deskilling that had resulted. However, some patient safety concerns did still arise from the original issues around record keeping and his actions in respect Patient A and Patient D. The 2020 Tribunal considered that, in order for full insight and remediation to be achieved in a practical and wholesale manner, Dr Pervez needed to return to work in a clinical environment, interact with senior colleagues, discuss his progress and past issues with them and demonstrate through further reflection that he met the necessary requirements. The 2020 Tribunal decided that Dr Pervez's fitness to practise remained impaired by reason of misconduct.

19. The 2020 Tribunal was satisfied that a longer period of conditions would sufficiently deal with residual patient safety issues while allowing Dr Pervez to remediate whilst in a workplace setting. The 2020 Tribunal acknowledged that, in cases where dishonesty had been found, remediation was likely to be more difficult to demonstrate. However, overall it concluded that remediation was possible and likely to be successful if Dr Pervez appropriately demonstrated how he had implemented "*lessons learned*" in clinical practice, through documented reflective practice and/or personal development plan (PDP).

20. The 2020 Tribunal was satisfied that 'close supervision' was an appropriate means to safeguard patients in the time Dr Pervez reintegrated into the clinical setting. The 2020 Tribunal decided that in order for the risk to be minimised he would need to develop a working relationship with a supervisor who could assist him and that a mentor would assist in mitigating risk and aiding remediation.

21. The 2020 Tribunal concluded that a period of 24 months would give Dr Pervez time, not only to find work, but to have sustained employment to allow him to demonstrate his remediation. The 2020 Tribunal considered that a future Tribunal reviewing Dr Pervez's case may be assisted by the following:

- Report(s) from Dr Pervez's clinical supervisor;
- Report(s) from his workplace reporter;
- Evidence of any courses, reflective practice/statements or personal development Dr Pervez has completed in relation to the misconduct found proved;

- A copy of the approved PDP and evidence of steps taken to address any deficiencies identified;
- Testimonials/references; and
- Any other information that Dr Pervez considered would assist the reviewing Tribunal.

Today's Review Hearing - 6 July 2022

The Evidence

22. The Tribunal has taken into account all of the evidence received.

Documentary Evidence

23. In an email dated 28 January 2021, Dr Pervez's legal representatives sent Dr Pervez's PDP to the GMC. The PDP was dated 4 December 2020. On 31 January 2021 Dr Pervez sent a reflection document to the GMC, in which he made reference to the domains set out in GMP and his reflections on those principles.

24. In an email to the GMC dated 1 March 2021, Dr Pervez provided two CPD certificates. These were dated 22 June 2018 and 19 November 2018. The following day, Dr Pervez provided a document entitled 'Reflection on Communication Skills courses'. He stated that good communication skills were a necessary tool for successful communication between a doctor and patients and their families.

25. The Tribunal has been provided with a report dated 22 November 2021 from Dr C, Consultant Physician and Dr Pervez's workplace reporter and clinical supervisor. Dr C referred to Dr Pervez's ST1 post at Royal Albert Edward Infirmary in Wigan, which was to run to August 2022. He stated that Dr Pervez had complied with the conditions on his registration and that he did not have any concerns about Dr Pervez's progress. Dr C stated:

"He performs at a level above his level of responsibility, such that I have no ongoing concerns. His colleagues certainly appreciate his extensive experience and ability to assist them when they have difficulties with practical procedures such as lumbar punctures."

26. In an email to the GMC dated 8 April 2022, Dr Pervez’s legal representatives provided a bundle of supervision reports and remediation material. This included a bundle of CPD certificates and it was stated that Dr Pervez had completed in excess of 100 hours of CPD. The bundle also included Dr Pervez’s PDP dated September 2021, a number of testimonials, and supervisor reports.

27. In Dr C’s report dated 7 April 2022, he stated that Dr Pervez had been working as a post foundation training doctor from 29 July 2021. He assessed Dr Pervez as ‘More than satisfactory’ in a number of areas, including clinical knowledge, reliability and as an effective member of the clinical team. Dr C stated:

“As time has passed, I have been given feedback, often spontaneously, but also solicited by myself, on the performance of Dr Pervez. His communication skills, both with patients and relatives, have been singled out for praise and used as an exemplar for the other ward doctors. He liaises well with colleagues whether medical or in professions allied to medicine, and the nurses in particular have expressed affection for him as he can be relied upon to address their concerns robustly and will help in any way he can. He has completed his PDP objectives. The grades for competence on this form are higher than on its predecessor in September, reflecting my greater confidence in his abilities, as my impressions are now solidified by repeated exposure. We wish to continue his employment at a higher grade, which perhaps conveys our satisfaction with his performance in the most convincing way possible.”

28. In a letter dated 27 April 2022 Dr C set out the details of Dr Pervez’s supervision process and the progress observed during the process. He stated that there had been no concerns or complaints about Dr Pervez, testimonials and feedback had been very positive, and the team was happy to re-employ Dr Pervez in a similar or higher post. Dr C described Dr Pervez’s communication, record keeping, and clinical knowledge as being above expectations and he was reliable, honest and trustworthy. He stated that he would strongly recommend that the conditions on Dr Pervez’s registration be revoked. Dr C stated that Dr Pervez performed *“at a level at least equal to his peers, and in a number of ways, at a demonstrably higher level to the extent that we wish to promote him and retain him in employment”*.

29. In a letter dated 28 April 2022, Dr E, Locum Consultant Physician, stated that Dr Pervez was meticulous about clinical notes and that he had reviewed at least four to five of Dr Pervez’s entries on a daily basis, which in 18 months may have been around 500 entries. Dr E stated that there had not been any discrepancy in Dr Pervez’s clinical notes, that Dr

Pervez had been working hard, and that there were no concerns or complaints raised. Dr E strongly recommended the revocation of the conditions on Dr Pervez' registration.

30. In an email dated 20 June 2022, Dr Pervez informed the GMC of a job position that he had been offered. It was a promotion under the same supervisor, on the same ward, and was a ST3+ post. Dr Pervez stated that it would be similar to his previous post with some additional responsibilities including working with junior doctors and helping them when needed. In an email dated 21 June 2022 the GMC responded and stated that Dr Pervez's current conditions would not allow him to work in this role as the position was for less than three months duration. The GMC stated that it might be premature to reject the job offer as it was possible that, in the event of a favourable outcome at this hearing, he might be able to accept the offer at that point. The Tribunal has also been provided with a letter from Dr Pervez's employers dated 9 June 2022, in which it set out the details of the conditional offer for the post of Trust ST3+ Doctor Diabetes / Endocrine.

31. The Tribunal was also provided with a supplementary defence remediation bundle that was provided on behalf of Dr Pervez. This included a patient satisfaction questionnaire dated 22 June 2022 and a certificate of attendance for a communication skills course on 21 June 2022 that was run by the Royal College of Physicians. In a letter dated 23 June 2022, Professor F, Medical Director, Caldicott Guardian, and Dr Pervez's Responsible Officer, stated that he was very pleased with Dr Pervez's progress. Professor F stated that Dr Pervez had complied with all of his GMC conditions, he had worked extremely hard, and he had received positive feedback from Dr C and from three consultant colleagues: Dr E, Dr G, Consultant Physician, and Dr H, Trust Associate Specialist. Professor F stated that the team was happy to re-employ Dr Pervez in a similar or higher post and urged the Tribunal to consider revocation of Dr Pervez's GMC conditions.

32. Dr Pervez also sent a 'Further reflections' document. Dr Pervez stated that he recognised the seriousness of the findings of misconduct and had had an opportunity to discuss the issues in this case with his supervisor and other colleagues. Dr Pervez stated:

"I recognise that the misconduct found proved in this case undermines the trust between doctors and patient. Trust and Honesty is at the very core of our medical profession and lack of it brings disrepute to the profession. I have worked very hard to address these issues. There have been no further issues since these cases and I hope that the Tribunal will have regard to my testimonials and feedback following my

lengthy period of close supervision and conclude that I have embedded the lessons learnt from this case in my everyday practice and that there is no risk of repetition.”

Dr Pervez also provided his reflections on the communication course dated 21 June 2022.

Submissions

Submissions on behalf of the GMC

33. Ms Khanna, Counsel on behalf of the GMC, submitted that there was current impairment of Dr Pervez’s fitness to practise. She stated that this was on the basis of a very discrete point, namely Dr Pervez’s insight into the matters that brought him before the March 2017 Tribunal in the first instance.

34. Ms Khanna referred to the comments of the 2020 Tribunal, including that the predominant concern in respect of patient safety was the period of time that Dr Pervez had been out of practice and the inherent deskilling that had resulted. Further, that some patient safety concerns arose from the original issues around record keeping and Dr Pervez’s actions in respect of Patients A and D, and that, until full insight and remediation had been demonstrated, they must still be taken into account when considering current impairment.

35. Ms Khanna stated that the GMC did not dispute or take issue with the wealth of evidence that has been provided to this Tribunal. She stated that there was clear evidence that Dr Pervez had gone ‘*above and beyond*’ in upskilling himself to ensure that the concerns were mitigated. However, Ms Khanna submitted that the concerns related to the extent to which Dr Pervez had focused on what had led him to the Tribunal in the first instance. She stated that the issue was whether Dr Pervez had personally reflected closely on those matters in particular. Not only the treatment of Patients A and D, but the dishonesty associated with the record keeping thereafter and the impact that his actions had had on Patients A and D, Dr B and the reputation of the medical profession.

36. Ms Khanna submitted that Dr Pervez had not shown complete insight. She referred to a number of extracts from three of Dr Pervez’s written reflection documents:

“Without regular clinical meeting, courses and conferences, doctor will not be able to keep-up with the recent developments in medical practice and after some time his knowledge would become out-dated which will not be helpful for the overall patient

care. In fact, it might prove to be detrimental to patient-care and might result in mistreatment of the patients and may even cause harm to the patients. It can also lead to many other medical- legal cases and complaints which can harm even to the doctor himself by getting sanctioned or conditioned in their practice.” (emphasis added)

“Better communication between Doctor and patient builds confidence and improves the compliance and reduces the chances of mistakes and thereby reducing malpractice suits.”

“I recognise the seriousness of the findings of misconduct and have had an opportunity to discuss the issues in this case with my supervisor and other colleagues.”

37. In respect of the first quote, Ms Khanna submitted that there was focus on the impact that these matters had had on Dr Pervez and perhaps less focus on Patients A and D. She submitted that there was a residual concern over whether Dr Pervez had developed insight that was reflected via his close supervision or whether he had really allowed himself to focus on why his wrongdoing amounted to misconduct, and what personal development he had done that would negate any further risk.

38. With regard to the second quote, Ms Khanna stated that it was not the aim of these proceedings to promote the practise of defensive medicine. She stated that the focus on communication should be entirely patient based, rather than on the impact upon the doctor themselves. Ms Khanna submitted that there was residual doubt as to whether Dr Pervez could be relied upon as having fully shown his insight such that remediation was well and truly complete.

39. In respect of the third quote, Ms Khanna stated that one might have hoped to have seen some observational and feedback evidence of the relevant conversations with colleagues. This could have included evidence of a documented meeting, perhaps where the focus was on Patients A and D, which set out what Dr Pervez had learned as a result of the period of closely supervised practice.

40. Ms Khanna recognised that these proceedings often did feel punitive in nature to the doctor concerned, but this was not their objective. She submitted that the Tribunal was obliged to focus on the guiding principles, namely the reputation of the profession and the safeguarding of the public and patients. Ms Khanna submitted that there were a few

“niggling” doubts over Dr Pervez’s insight that were sufficient for this Tribunal to make a finding of current impairment.

Submissions on behalf of Dr Pervez

41. Mr Hockton, Counsel on behalf of Dr Pervez, asked the Tribunal to find that Dr Pervez’s fitness to practise was no longer impaired and to revoke the conditions in place on Dr Pervez’s registration. He expressed surprise in respect of the GMC’s submissions and submitted that there was an overwhelming body of evidence in this case that Dr Pervez had addressed all of the concerns raised. Mr Hockton submitted that the evidence before the Tribunal conclusively showed that lessons had been learnt and the concerns had been appropriately addressed.

42. In respect of the quotes referred to by the GMC, Mr Hockton submitted that it was highly unfair to single out particular sentences from what had been a comprehensive exercise looking at the issues in the case and addressing them through structured learning and constant appraisal. With regard to the first quote, Mr Hockton noted that Dr Pervez did refer to causing harm to patients and that this was reflected in the further reflections document. He submitted that it was “nit-picking” to single out a particular sentence without looking at it in context. Mr Hockton also referred to Dr Pervez’s written reflections in which he referred to the importance of trust in relation to the doctor/patient relationship.

43. With regard to the second quote, Mr Hockton stated that reference to malpractice was a part of standard learning in relation to the importance of communication skills and was highly relevant to the medical profession. Mr Hockton submitted that the suggestion that the isolated reference to malpractice was a failure to appreciate the specific importance of communication in relation to the doctor/patient relationship was simply wrong. Mr Hockton referred to Dr Pervez’s reference to the impact on patients earlier in the same document. He drew the Tribunal’s attention to the steps that Dr Pervez had taken in respect of communication, including the reports from Dr C and meetings in respect of Dr Pervez’s agreed PDP.

44. Mr Hockton stated that it was difficult to understand the basis upon which the GMC continued to maintain that Dr Pervez’s fitness to practise was currently impaired. He referred to paragraph 164 of the Sanctions Guidance (16 November 2020):

“...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.”*

Mr Hockton submitted that Dr Pervez clearly did recognise the gravity of his misconduct, there had been no reoffending in the years since the events in question, and there had been very close supervision over the last 12 months. Mr Hockton stated that Dr Pervez had completed targeted and focused CPD and Dr Pervez’s supervisor now invited the Tribunal to conclude that there was no impairment of fitness to practise.

45. Mr Hockton submitted that the Tribunal could feel reassured by the copious and persuasive evidence from the supervisors and other colleagues that the lessons that needed to be learned had been embedded in Dr Pervez’s practice. He submitted that the issues had been addressed in a very detailed manner in respect of the relevant domains in this case of record keeping, communication and trustworthiness. Mr Hockton submitted that there had been an overwhelmingly and unanimously positive endorsement of Dr Pervez’s practice.

46. Mr Hockton submitted that, if the conditions were continued, there would be an element of oppression and there could be no objective justification for such a decision. He stated that a further finding of impairment would undermine confidence in the regulatory process. Mr Hockton submitted that Dr Pervez had demonstrated progress throughout and asked the Tribunal to conclude that Dr Pervez’s fitness to practise was no longer impaired. He referred to the principle of proportionality and submitted that the public interest had been more than satisfied by the lengthy period of restrictions placed on Dr Pervez’s registration to date.

The Relevant Legal Principles

47. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal’s judgement alone. As noted above, the 2020 Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practise.

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

The Tribunal's Determination on Impairment

49. The Tribunal had regard to whether Dr Pervez's fitness to practise is currently impaired by reason of misconduct. It referred to the various items that the 2020 Tribunal considered that this Tribunal would be assisted by.

50. In terms of maintaining his medical skills and knowledge, the Tribunal had regard to the targeted CPD undertaken in relation to communication, record keeping and ethics. It noted the communication skills course that Dr Pervez completed in June 2022 and the accompanying written reflections. The Tribunal also had regard to the PDP that Dr Pervez had agreed with Dr C and that this was targeted to the issues in question in this case.

51. The Tribunal was provided with a number of detailed and positive reports and correspondence from Dr C, Dr Pervez's clinical supervisor and workplace reporter. The Tribunal was of the view that the reports showed that Dr Pervez's performance in his role had clearly progressed over time. The evidence before the Tribunal had been collected from a number of areas, there was a job offer in place, and Dr C had recommended revocation of the conditions on Dr Pervez's registration.

52. The Tribunal noted the testimonials and references from others, including patient feedback, feedback from nursing and consultant colleagues, and from Dr Pervez's Responsible Officer, Professor F. It was of the view that all of this feedback was overwhelmingly positive and, in respect of certain comments, some of the areas of conduct that had given rise to the case had now been singled out for praise.

53. In terms of insight, the Tribunal noted that there had been concerns about this in the past and that Dr Pervez's articulation of insight may not have been the most sophisticated. However, the Tribunal looked at all of the reflections and written reports in the round and considered the sentences that gave the GMC concern in the context of the whole of each document's content. It considered the overall context of the progress that Dr Pervez had

made, particularly the evidence it had seen of how Dr Pervez had embedded what he had learned in his day-to-day patient care and clinical practice.

54. In respect of the quotes referring to complaints and malpractice suits, the Tribunal considered that these represented written reflections on educational sessions where there would, particularly in relation to communication and record keeping, have been reference made to matters such as complaints against doctors. It was not surprised therefore, to see brief mention of such matters in a reflection on the course content. The Tribunal noted that Dr Pervez did write about the other relevant parts of patient safety in all the documentation and quotes that the Tribunal was taken to. The Tribunal also felt that, upon a wider view of reflection, the reports from colleagues and supervisors had given very clear and emphatic opinions that Dr Pervez had remediated, including in the area of trust and integrity. The reports were clear that a number of colleagues had watched and supervised Dr Pervez's progress over time and had not found that any concerns remained.

55. The Tribunal referred back to the comments and conclusions of the 2020 Tribunal, in which it was emphasised that Dr Pervez should embed the learning he had undertaken in clinical practice. This Tribunal determined that Dr Pervez had been asked to apply his learning when given the opportunity to do so. In the Tribunal's view, he had now used the opportunity, under Dr C's supervision, to embed his learning and demonstrate his remediation such as to satisfy the Tribunal that his previous misconduct would be extremely unlikely to be repeated. The Tribunal noted that Dr Pervez's insight had developed over time and was of the view that his efforts towards insight and remediation were now complete.

56. The Tribunal determined that Dr Pervez did recognise the gravity of his misconduct, he had apologised and had systematically and successfully gone about demonstrating and evidencing the matters that the 2020 Tribunal had suggested would assist this Tribunal. The Tribunal also had regard to proportionality. It noted that Dr Pervez had been subject to suspension and then conditions for a considerable period and that his engagement throughout had been positive. He had been pro-active in engaging with the GMC over his recent job offer. The Tribunal was of the view that Dr Pervez had demonstrated that he had put his learning into practice and it had no concern that Dr Pervez would not continue to take these matters seriously in the future. As such, the Tribunal considered that a continuation of the current conditions on Dr Pervez's registration would be inappropriate and disproportionate.

57. The Tribunal therefore determined that Dr Pervez’s fitness to practise is not impaired by reason of misconduct. It concluded that a finding of impaired fitness to practise was not required and that such a decision would satisfy the overarching objective: 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. The Tribunal considered that there was a clear public interest in returning a competent and diligent doctor to practise given the positive feedback, remediation demonstrated and insight shown.

58. The Tribunal noted that the current conditions on Dr Pervez’s registration are due to expire on 27 July 2022. In the light of its findings on impairment, the Tribunal determined to revoke the order of conditions with immediate effect. It was of the view that this was both appropriate and proportionate in the circumstances of this case.

59. That concludes this case.